DOCUMENT RESUME

ED 351 059 JC 920 536

AUTHOR	Eller, Vercie M.; And Others
TITLE	Preventing AIDS Tomorrow through Education Today.
INSTITUTION	North Carolina State Dept. of Community Colleges, Raleigh.
PUB DATE	91
NOTE	203p.
PUB TYPE	Guides - Classroom Use - Teaching Guides (For Teacher) (052) -- Guides - Classroom Use - Instructional Materials (For Learner) (051)
EDRS PRICE	MF01/PC09 Plus Postage.
DESCRIPTORS	*Acquired Immune Deficiency Syndrome; Civil Liberties; Community Colleges; Community Programs; Course Content; Disease Control; *Health Education; Health Materials; Health Promotion; Instructional Materials; Personnel Policy; Physical Health; Policy Formation; *Public Health; *Sex Education; *Sexuality; *Social Attitudes; Social Bias; Teaching Guides; Two Year Colleges
IDENTIFIERS	Homophobia; *North Carolina

ABSTRACT

In an effort to prevent the further spread of HIV (Human Immunodeficiency Virus) infections, and to minimize unwarranted fear about HIV transmission, as well as the subtle and overt limitation of people's rights resulting from this fear, the North Carolina Department of Community Colleges developed a course entitled "Preventing AIDS (Acquired Immune Deficiency Syndrome) Tomorrow through Education Today." This instructional manual details the components and activities of the course, which was designed for faculty to use with college students, business and industry employees, and community members. Introductory material presents course implementation guidelines, 15 tips for instructors, and suggested teaching/learning activities for adults. Objectives, activities, transparencies, handouts, and lists of equipment, supplies, audiovisual materials and other resources are provided for each of the following 2-hour sessions: (1) "Learning about AIDS," which covers all of the basic information that the layperson should know about HIV, including stages of infection, medical treatment, myths, transmission routes, high-risk behavior, and prevention strategies; (2) "Practicing Prevention," which draws on the basic AIDS information, utilizing role plays, brainstorming, and problem-solving techniques, to explore how the sexually active person can make prevention decisions; (3) "Dealing with Issues, Conflicts, and Fears," which examines homophobia and other emotional issues surrounding HIV, particularly as they relate to minorities, gay men, and intravenous drug users in a socioeconomic and political context; and (4) "AIDS: Policy and Education at the Worksite," which provides an overview of session one, and then explores guidelines for AIDS policymaking in the workplace. The manual concludes with a variety of AIDS resources: (1) lists of resource organizations and materials; (2) a multimedia bibliography of 44 items; (3) a list of questions students might ask; (4) an AIDS knowledge and attitudes questionnaire; (5) guidelines for caregivers and for families; (6) a summary of laws and regulations; and (7) information sheets on AIDS and HIV infection and control measures. (MAB)

Preventing AIDS Tomorrow Through Education Today

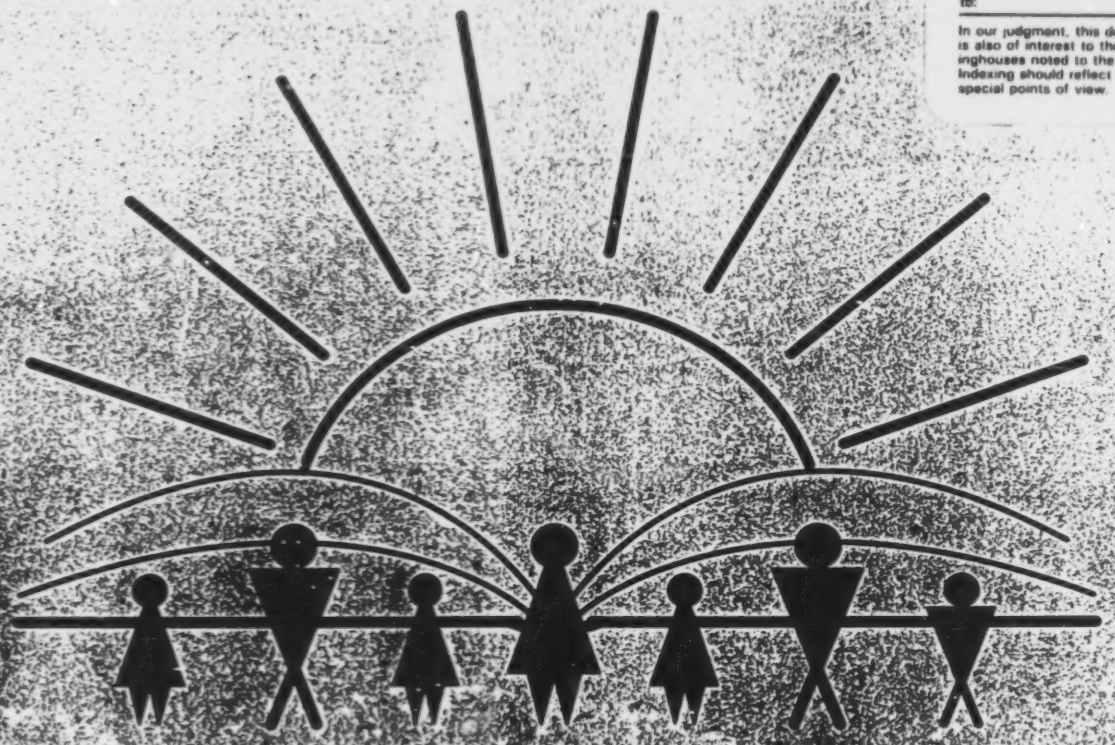
Vercie M. Eller
Mary Bobbitt-Cooke
Karen Winstead

ED351059

SCOPE OF INTEREST NOTICE

The ERIC Facility has assigned this document for processing to: JC

In our judgment, this document is also of interest to the Clearinghouses noted to the right. Indexing should reflect their special points of view. SP



"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

A. McNeely

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)"

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☒ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

JC 920 536

SCI 2010

Program Development Services
N.C. Department of Community Colleges

1991

BEST COPY AVAILABLE

DEPARTMENT OF COMMUNITY COLLEGES

NORTH CAROLINA STATE BOARD OF COMMUNITY COLLEGES
200 W. JONES STREET
RALEIGH, NC 27603-1337

ROBERT W. SCOTT
System President

919-733-7051

February 18, 1991

TO: Continuing Education Deans
Nursing Program Directors

FROM: Sanford C. Shugart
Vice President for Program Services

SUBJECT: Preventing AIDS Tomorrow Through Education Today: Instructor's Manual

This instructional manual was produced by the North Carolina Department of Community Colleges to assist colleges in the instruction of prevention/control of the deadly AIDS/HIV infectious viruses and sexually transmitted diseases (STD).

The prevalence of these preventable diseases is a major health concern, and it is believed that with knowledge and practice of immediate preventive/control measures many individuals will not become infected.

In order to prevent the spread of AIDS, other infectious viruses and sexually transmitted diseases that are causing preventable deaths of our citizens, up-to-date training must be provided for teachers so they can train other teachers, students, community leaders and citizens.

If you have any questions or need assistance, please contact Vercie M. Eller, Consultant for Nursing Programs, Program Services, North Carolina Department of Community Colleges, at (919) 733-7051.

SCS/VME:cbw

CC-91-44

AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

PREVENTING

AIDS

TOMORROW THROUGH EDUCATION TODAY

DEVELOPED BY:

Vercie M. Eller, R.N., Ed.D.
Project Director
Coordinator of Nursing Programs
N.C. Department of Community Colleges

and

Mary Bobbitt-Cooke, MPH
Author and Project Co-Director

and

Karen Winstead, MPH
Technical Editor
Betty Blalock, Secretary
Sandra Hall, Secretary

PRODUCED BY:

Nursing Programs
Program Development Services
N.C. Department of Community Colleges
Raleigh, North Carolina 27603-1337
Spring, 1991

ATTENTION

When this course is offered for the general public use course number SCI-2010.

When offered by request of business and industry for their employees use course number EMA-3703.

EQUAL OPPORTUNITY
AND AFFIRMATIVE ACTION INSTITUTIONS

It is the policy of the North Carolina Community College System not to discriminate on the basis of race, sex, age, national origin, religion, or handicap with regard to its students, employees, or applicants for admission or employment.

FOREWORD

Health planners, health services agencies, industry, and consumers in North Carolina are now aware that a significant number of health problems are related to poor health practices, lifestyle behaviors, and harmful environmental factors. In the North Carolina 2000 Commission's Report on the Future of North Carolina, health is a focus of major concern. Two of the recommendations of the Commission are specific to health promotion and self-care:

> Recommendation 14: Strengthen and expand the State's health education programs.
>
> Recommendation 15: Develop health education, health promotion, and accident prevention programs for use by private sector groups, such as employers, civic groups and churches.

The North Carolina Community College System addresses the education of many of our health care professionals. It is also appropriate for the Community College System to address the topics of health promotion/disease prevention and self-care for students, teachers, employees and other community members. The Community College System has the unique capacity to reach the public and specific target groups and to provide training and continuing education.

The Department of Community Colleges has responded to the need for instructional material on topics of health promotion/disease prevention. Courses have been designed for business and industry employees and other interested citizens. These courses will be offered through the continuing education division of the local community colleges and can be marketed by the colleges' business and industry training offices to employers, employees, and other groups.

This manual, PREVENTING AIDS TOMORROW THROUGH EDUCATION TODAY, is actually two courses. The first three sessions are designed to be offered to Community College students, faculty, staff, and interested community members. The information and education activities of each session are designed to provide the participant an opportunity to learn about AIDS as a disease, the behaviors that are responsible for spreading AIDS, how to prevent AIDS, and the issues, conflicts, and fears of AIDS. Strategies for changing personal behaviors that are responsible for the spreading of AIDS are as the participant sees fit. The fourth session is designed to be offered to the business community and other policymakers within organizations. This session provides basic AIDS information, instruction in developing an effective AIDS policy for the worksite, and guidelines in developing AIDS education that is appropriate for the worksite. The course can be offered in four two-hour sessions.

Other health promotion manuals have been developed for use by the North Carolina Department of Community Colleges for use in community colleges:

Introduction to Health and Wellness (SCI-2010 or EMA-3703)
Stress Management: Techniques for Living Well (SCI-2010 or EMA-3703)
Weight Management: Techniques for Living Well (SCI-2010 or EMA-3703)
Preventing Cancer Through Education (SCI-2010 or EMA-3703)

PREVENTING AIDS TOMORROW THROUGH EDUCATION TODAY and other health promotion manuals are available to community colleges for use in workshops or as courses of instruction for business and industry employees, interested students, faculty, and community members. For further information about this course, marketing strategies, and how to use the instructional material, please contact:

Vercie M. Eller, Ed.D., R.N.
North Carolina Department of Community Colleges
200 W. Jones Street
Raleigh, North Carolina 27603-1337
(919) 733-7051

Since information on infectious and reportable diseases is constantly changing, individuals using this manual are encouraged to contact the local health department for the updated statistics.

ACKNOWLEDGEMENTS

Thanks to Robert W. Scott, President of the North Carolina Community College System, for making resources and staff available to produce the health promotion educational materials.

Special appreciation is given to the following for their critique of parts of this material:

Harry E. Dascomb, MD
Professor of Medicine
University of North Carolina
School of Medicine
Chapel Hill, North Carolina
-and-
Medicine Teaching Service
Wake Medical Center
Area Health Education Center
Raleigh, North Carolina

Jean Gowan, MPH
Health Educator
Community Aids Education
Durham County Health Department
Durham, North Carolina

Clay Tee Hines
Director of Legal Services
N. C. Dept. of Community Colleges
Chapel Hill, North Carolina

Margaret Pollard, MPH
Health Educator
Wake Medical Center
Area Health Education Center
Raleigh, North Carolina

Karen Price, M.A.
Director of Education
Planned Parenthood of Orange County
Chapel Hill, North Carolina

Special acknowledgement and thanks to the following for providing resources and assistance during the development of this manual:

American Red Cross
Durham County Chapter
Durham, North Carolina

Brenda Crowder-Gaines
Health Educator - Adolescence and General Public
State of North Carolina
HIV/STD Control Board
Raleigh, North Carolina

Patricia Dedrickson,
AIDS Social Worker/Research Asst.
University Medical Center
Durham, North Carolina

Health Education Students
N.C. Central University
Department of Health Education
Durham, North Carolina

Sandi Cox Holmes
Health Educator, Minority Focus
HIV/STD Control Branch
Raleigh, North Carolina

Elizabeth Kumru
AIDS Policy Consultant
Omaha, Nebraska

Lesbian and Gay Health Project
Durham, North Carolina

Ted Parrish, Professor
Department of Health Education
N.C. Central University
Durham, North Carolina

Planned Parenthood
of Orange County
Chapel Hill, North Carolina

TABLE OF CONTENTS

Course Implementation Guidelines xii
Tips to Instructors xxvii
Suggested Teaching/Learning Activities xxix

SESSION ONE: Learning About AIDS . . . . . 1..
Objectives 1.1
Equipment, Audiovisuals, Materials, etc.. . . . . 1.2
Session Agenda 1.3
Introduction Welcome 1.5
Overview of AIDS 1.6
What are the Stages, Terms, and Definitions That Describe the Spectrum of HIV Infection 1.7
How Does HIV Take Over the Immune System 1.11
Can HIV Infection be Treated? 1.12
How Can You Avoid Exposure to HIV? 1.13
What Are the Personal Health Behaviors That Can Prevent the Spread of HIV? 1.16
What You Can Do if You Suspect or Know That You Have Been Exposed to HIV 1.19
What Are the Myths and Misunderstandings Associated with AIDS? 1.22
Preview of Session Two. 1.24

Overhead Transparencies
1.1 Session One - Objectives 1.25
1.2 AIDS - Tip of the Iceberg 1.27
1.3 Common Symptoms of AIDS 1.29
1.4 AIDS in the Body 1.31
1.5 How Does One Become Exposed to HIV? 1.33
1.6 Personal Behaviors That Determine Risk 1.35
1.7 Safer Sex 1.37
1.8 Drug Use - Prevention of HIV Infection 1.39
1.9 AIDS: Fight Fear With Facts 1.41

Handouts
1.1 The Subject is AIDS: Pre-test and Post-test Questionnaire. 1.43
1.2 AIDS: Fight Fear with Facts. 1.45
1.3 AIDS: Terms and Definitions. 1.49
1.4 Practicing Safe Sex 1.51
1.5 What Do You Know About Safer Sex? (Questionnaire) 1.53
1.6 What Do You Know About Safer Sex? (Answers) 1.55
1.7 What Do You Know About Safer Sex? (Glossary) 1.57
1.8 Precautions for HIV-Infected Individuals 1.61

SESSION TWO: Practicing Prevention . . . . . 2..
Objectives. 2.1
Equipment, Audiovisuals, Materials, etc. 2.2
Session Agenda. 2.3
Introduction Welcome. 2.5
Safe Intimacy 2.5
Everything You Always Wanted to Know
About a Condom, and More 2.6
Putting Information to Work 2.10
Preview Session Three 2.11

Overhead Transparencies
2.1 Session Two - Objectives. 2.13
2.2 Tips on Buying a Condom 2.15
2.3 How to Put On a Condom. 2.17
2.4 How to Take Off a Condom. 2.19

Handouts
2.1 Condom Facts Sheet 2.21
2.2 How to Talk about "No Sex" and "Safe Sex" With A
Resistant, Defensive, or Manipulative Partner 2.23

SESSION THREE: Dealing With Issues, Conflicts, and Fears. . . . . 3..
Objectives. 3.1
Equipment, Audiovisuals, Materials, etc. 3.2
References. 3.3
Session Agenda. 3.5
Introductory Welcome. 3.5
Homophobia and AIDS in the Black,
Hispanic, and IV Drug-Using Communities. 3.7
How Discrimination Affects People with HIV Infections 3.12
Experiencing the Personal 3.13
The Issues that Surround the AIDS Epidemic. 3.16
Evaluation 3.17

Overhead Transparencies
3.1 Session Three - Objectives. 3.19

Handouts
3.1 A Simple Quiz of Stereotypical Thinking 3.21
3.2 Discrimination - What and Why?. 3.23
3.3 What Would You Do?. 3.25
3.4 Course Evaluation 3.27

SESSION FOUR: AIDS: Policy and Education at the Worksite . . . . . 4..
Objectives. 4.1
Equipment, Audiovisuals, Materials, etc 4.2
Session Agenda. 4.3
Introductory Welcome. 4.5
Overview of AIDS. 4.6
Basic Information About AIDS. 4.7

How to Develop an AIDS Policy for the Worksite 4.8
An AIDS Program 4.11
Employee Education. 4.13
Evaluation. 4.17

Overhead Transparencies
4.1 Session Four - Objectives 4.19
4.2 Common Symptoms of AIDS
(Session One, Overhead 1.3). 1.29
4.3 Tip of the Iceberg
(Session One, Overhead 1.2). 1.27
4.4 How Does One Become Exposed to HIV?
(Session One, Overhead 1.5). 1.33
4.5 Behaviors that Determine Risk
(Session One, Overhead 1.6). 1.35
4.6 AIDS: Fight Fear with Facts
(Session One, Overhead 1.9). 1.41
4.7 Advantages of Developing and
Implementing a Company AIDS Policy 4.21
4.8 Basic Strategy for Developing an AIDS Policy. 4.23
4.9 Components of a Good AIDS Policy. 4.25
4.10 Trouble-Shooting. 4.27

Handouts
4.1 Definitions (Session One, Handout 1.3) 1.49
4.2 Precautions For HIV-Infected Individuals
(Session One, Handout 1.8) 1.61
4.3 Fight Fear with Facts
(Session One, Handout 1.2) 1.45
4.4 Basic Strategy for Developing an
AIDS Policy (See Overhead 4.8) 4.23
4.5 Components of a Good AIDS Policy
(See Overhead 4.9) 4.25
4.6 An Example of an AIDS Policy 4.29
4.7 Trouble-Shooting (See Overhead 4.10). 4.27
4.8 AIDS Policy Worksheet 4.37
4.9 Designing An Education Program
for Your Employees 4.39
4.10 Issues to be Addressed in an
Employee Education Program 4.41
4.11 Course Evaluation 4.43

AIDS Resource Section . . . . . 5..
AIDS Service Organizations in North Carolina 5.1
Speaker's Bureau, North Carolina Medical Society 5.3
AIDS Resources for Teachers and Students in North Carolina . . . 5.5
AIDS Resource Materials 5.7
Toll-Free AIDS Hotlines 5.9
AIDS: A Multimedia Bibliography 5.11
Questions You Might be Asked by Students 5.21
AIDS Knowledge and Attitudes Survey: Advancedata 5.31

Infection Control Guidelines for Caregivers 5.45
Infection Control Guidelines for Family 5.47
Summary of New Communicable Disease Law and Regulations 5.49
AIDS and HIV Infection 5.51
General AIDS Control Measures 5.53
Reportable Diseases and Conditions. 5.55

COURSE IMPLEMENTATION GUIDELINES

Rationale for Course

PREVENTING AIDS TOMORROW THROUGH EDUCATION TODAY was developed for community college students, faculty, business and industry employees, and concerned community members. The rationale for developing this course was threefold:

- to prevent further spread of HIV infections
- to minimize unwarranted fear about transmission of the virus
- to minimize the subtle and overt limitation on people's rights that can result from this fear

Studies have shown that, until a vaccination is developed, the only effective way to prevent the spread of the virus is through accurate education.

Edward H. Wilson, Jr., Executive Vice President of the Department of Community Colleges, in his June 22, 1987, communication to the Presidents of the Institutions of the Community College System, stated:

> "I...commend to you the position taken by the University of North Carolina concerning the AIDS epidemic as modified to conform to the particular needs of our institutions and set forth as follows:
>
> "Institutions should assume responsibility for conducting an ongoing education campaign designed to reach all institution constitutencies (students and employees), to provide basic information about AIDS.
>
> "Efforts should be made to educate individuals to take reasonable precautions against the further spread of AIDS, as well as to allay unfounded concerns.
>
> "It is important that we publicize the facts about AIDS and thereby help dispel ignorance and misinformation about risks posed by the persons who have contracted AIDS.
>
> "An effective campaign should consist of several components. First, the general campaign should be designed to reach all members of your institution's community. The essential basic information could be conveyed in various ways, including distribution of printed materials, posters, meetings, and seminars. Second, the Institution should develop a capacity to respond to the needs of persons (including members of high-risk groups) who may seek more detailed information and personal consultation about this disease, through appropriate institution offices or agencies, or through referrals to external agencies.
>
> "Finally, this educational campaign should be a continuing one that accommodates the annual turnover in student and employee populations. Thus, in the future, it will be particularly important to insure effective communication with new students and with transfer students."

Length of Course

PREVENTING AIDS TOMORROW THROUGH EDUCATION TODAY is four two-hour sessions. The first three sessions consist of basic AIDS education and should be offered in a series. Each session builds on the preceding session. The fourth session is specifically designed for employers, supervisors, government officials, and anyone in policymaking positions in his or her organization. The fourth session includes basic AIDS information and policymaking skill-building.

Goal

To increase the participant's awareness, knowledge, and personal skills in preventing further spread of the AIDS epidemic.

Objectives

The goal of this course is achieved by meeting the following primary learning objectives for each session.

Session One

1. To discuss and demonstrate a working knowledge of the range of HIV infections and to list prevention practices.

Session Two

2. To describe and dramatize techniques that could limit the spread of HIV infections.

Session Three

3. To recognize and knowledgeably discuss issues of discrimination, homophobia, economics, civil rights, and AIDS education, particularly in relation to minorities, gay men, and IV drug users who are hardest hit by the AIDS epidemic.

Session Four

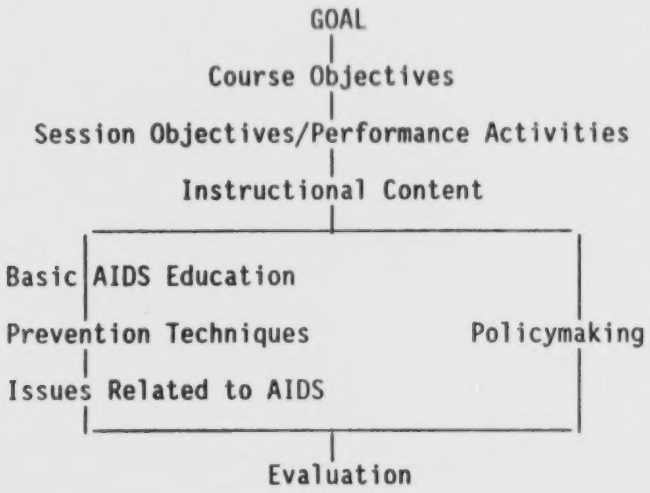
4. To describe and demonstrate the components of making AIDS policy for worksite situations, organizations, and educational settings.

Session Objectives

Each session has special objectives and performance activities which the sessions' instructional material is designed to meet. These objectives are not meant to be exhaustive; rather, they are to serve as guidelines for the instructor. It is anticipated that each instructor's objectives will be slightly different since they will reflect their individual emphasis on the various sections of the material.

Conceptual Model

This conceptual model explains the organization of PREVENTING AIDS TOMORROW THROUGH EDUCATION TODAY. It visually depicts the major concepts that are consistent throughout the course.



Session Overview

This course is divided into three two-hour sessions designed to educate students, faculty, and interested community members about AIDS. There is also a two-hour session designed to assist the employer, supervisor, and other policymakers in designing and implementing an AIDS policy in their organization. Each session has a specific subject area, objectives, teaching and learning activities, audiovisual aids, equipment, and supplies.

SESSION ONE: Learning About AIDS
Session One provides all the basic information that the layperson should know about HIV infections. This session discusses: AIDS-specific terms; HIV in the body; the different stages of HIV infection; medical treatment; myths and misunderstandings; transmission routes: personal health behaviors that pose a risk; and prevention strategies.

SESSION TWO: Practicing Prevention
Session Two is designed to take basic AIDS information and put it into context. Role plays, brainstorming, and problem-solving techniques are used to assist the sexually active person in making prevention decisions. The information and exercises are also very relevant to the participant who is NOT sexually active.

SESSION THREE: Dealing with Issues, Conflicts, and Fears.
Session Three specifically looks at homophobia and other emotional issues and conflicts that surround HIV infection, particularly in relation to minorities, gay men, and IV drug users. Politics, economics, and other issues are debated.

SESSION FOUR: AIDS Policy and Education at the Worksite
Session Four provides an overview of HIV infections as presented in Session One. Additionally, guidelines are presented for making policy about AIDS which affect the worksite. Participants will learn how to develop an effective, legal, and fair policy for their worksite, as well as implementing an AIDS education and program.

Session Format

In addition to lectures and classroom activities, each of the sessions includes educational objectives, a session agenda, lists of handouts, equipment, supplies, and audiovisual materials. A suggested guest speakers list, supplemental references, and films are also provided as optional resources for the instructor.

Instructor

It is important to select a qualified instructor to teach this course. The instructor must be able to demonstrate working knowledge about HIV infection. Much of the information presented is explicit and requires frank talk about sexuality. Also, AIDS information is constantly changing. This manual will require updating periodically. The instructor must possess current information.

The instructor's role in this course is to stimulate involvement among participants, act as a resource, facilitate group process, support participant behavior change and skill development, and enable participants to help themselves.

Suggested Guest Speakers

The introduction page of each session provides a list of possible guest speakers whom the instructor may wish to utilize in the presentation of the material for that session. This page is to help with the organization of these speakers. **Photocopy this page and use the copy to facilitate inviting guest speakers.**

Session/ Topic	Guest Speaker/ Organization	Date Needed/ Comments	Date Called/ Comments

Session/ Topic	Guest Speaker/ Organization	Date Needed/ Comments	Date Called/ Comments

Audiovisual Film/Video List

Each session has a suggested film/video for instructional use in the class. These suggestions do not represent the only films/videos available on the subject. Please check other resources (the media center of the library, etc.) to review other possible selections. This page is to help with the ordering of the films/videos that the instructor chooses to use. **Photocopy this page and use the copy to order the films through the media center at the college library.** The films/videos may be located at:

Film Services Branch
Division of State Library
1811 Northern Boulevard
Raleigh, NC 27635
(919) 733-4376

N.C. Dept. of Environment, Health
and Natural Resources
Division of Health Services
Roger G. Whitley AudioVisual Lib.
Raleigh, NC 27602-2091
(919) 733-3471

or: Area Health Education Center (AHEC)
Local Public Library
University Library Audiovisual Department

Session/Topic	Film/Video Title	Needed/Returned

Session/Topic	Film/Video Title	Needed/Returned

Transparencies

Each session has pages that can be used to make transparencies for projection. They are on single pages and come at the end of each session's instructional material. This page is to help with the organization of the transparencies that need to be reproduced. **Photocopy this page and use the copy to make a list of the transparencies that have been selected for classroom use.**

Session	Transparency Title/No.	Page	Date Needed/Comments

Equipment and Supplies

Each session has a list of equipment and supplies that are necessary for teaching. (Example: If a film is to be used in a particular session, a screen and projector need to be ordered.) **Photocopy this page and use the copy to organize the equipment and supplies that will be needed for each session.**

Session/Topic	Equipment Needed/Comments	Date Needed

Community Resources: Agencies and Organizations

Speakers, pamphlets, films, and demonstrations that will be helpful in classroom presentations are available through state and community agencies and organizations. These resources are valuable for the health instructor. Each session has a list of relevant community resources. The following list of agencies and organizations should be considered for additional resource material.

AIDS Clinics and Medical Treatment Facilities
Alumni
Chamber of Commerce
Churches
County Health Department
County Mental Health Department
County Sheriff's Department
Faculty at the Community College
Fraternities
Home Health Agencies
Hospices
Hospitals
Local AIDS Service Organization
Local Chapter of the American Cancer Society
Local Chapter of the American Heart Association
Local Chapter of the American Red Cross
Local Insurance Agency
Local Library
Local Nurses Association
Local Police Department
Masonic
Medical Associations
Ministerial Alliances
Sororities
The Old North State Medical Society
YMCA

Tips to Instructors

Each session provides the most contemporary thinking on the subject presented. The instructor may wish to emphasize one section or bring in other related material. The following guidelines are suggested to assist the instructor in preparing the teaching plan for each session:

1. Read each session to obtain an awareness of the content.

2. Review subject areas, classroom activities, and learning objectives. Update and make additions if necessary.

3. Review the suggested reading list and talk with experts in the field about each subject.

4. Review suggested resources, handouts, and transparencies. Select pamphlets from local agencies, guest speakers, audiovisual materials. Incorporate these resources where appropriate.

5. Make provisions for the equipment and supplies to be available prior to the beginning of each class. Check all equipment and supplies for appropriateness and workability.

6. Use the forms in the preceding section to:
   - order film from the college media center;
   - request equipment and supplies;
   - organize guest speakers; and
   - reproduce transparencies.

7. Review handouts for each unit. Make copies as appropriate for each student. Prepare supplemental handouts selected to support the teaching plan, course content, and learning objectives.

8. Practice any activity (if needed) before presenting it is class.

9. Preview films for major concepts that need emphasis reinforcement (See "Films" suggested in Teaching/Learning Activities.)

10. Review the classroom activities for content. Determine how much time will be allotted for each activity.

11. In developing the teaching plan, balance lecture with active participation, film, or other learning techniques. (The following section reviews different techniques and learning activities.)

12. Determine how you will evaluate the classroom activities and learning objectives for each session. Enter your plans for evaluation for the session in your teaching plan. Explain your evaluation plan to participants at the end of the session or where appropriate.

13. Prepare assignments for the next session. If there are out-of-class assignments, provide participants with instructions and current materials and resources necessary for completing the assignment.

14. Obtain a notebook for compiling the handouts and pamphlets. Include in this notebook the same materials and handouts to be given to the participants. Use the notebook as a guide to demonstrate to participants how to compile reference information for prevention of AIDS.

15. Determine the most effective instructional methods. (See Suggested Teaching/Learning Activities.)

SUGGESTED TEACHING/LEARNING ACTIVITIES
(A Discussion of Adult Education)

This instructional manual provides educational information and skill-learning activities to help the participant understand health and wellness, to increase awareness of how lifestyle behaviors affect his/her qualify of life, and to discuss strategies for behavioral changes. It is important when planning the course to consider the participants' diverse needs, interests and capabilities. The instructor is encouraged to be flexible and creative at adapting the course content and teaching methods to best suit his/her particular group.

This course has been developed to respond to adult education principles; consequently, a number of the features in this course have been designed specifically to enhance adult learning. The educational approach to this course is "participative learning." Participative learning is found to be effective in facilitating comprehensive lifestyle changes among adults and in responding to and incorporating participants' diverse interests and goals.

A key to understanding the participative learning approach is in viewing the adult learner not as a passive recipient, but as an active collaborator, in the learning process. Instructors using this approach strive to create a supportive environment within which adults feel encouraged and "safe" and develop actions which are most effective in achieving healthier lifestyles.

Learning through experience is emphasized. By coming together as a group into a low-risk learning situation, adults are able to freely share their experiences, discuss common concerns, and compare solutions and alternatives. Thus, the learning process takes a participant-directed focus, and participants learn from each other as well as from the instructor.

Group participation also provides opportunities for the social interaction that is important to most people. A sense of camaraderie often develops through shared experience which, in turn, helps to build trusting relationships. The result is a supportive atmosphere in which new ideas and behaviors can be explored and tried out. It is for these reasons, particularly, that we advocate the participative learning approach.

The design of this manual and the participative learning approach form the two bases for affecting lifestyle changes in adults. Through discussion, skill practice, and experimentation, the content is learned in a way that can be incorporated into daily life.

Values Underlying Participative Learning

Three aspects of a participative learning approach give the potential user a more complete understanding of the method: values underlying participative learning; designing for participative learning; and activities, tools, and techniques for participative learning.

Frequently the values or assumptions which guide an educational approach are not explicitly identified. The resulting lack of clarity gets in the way of the facilitator fully understanding or effectively using the approach. The following list of values or assumptions is intended to provide the potential user with a more adequate understanding of the participative learning approach.

The Learning Process

The learning process is most effective when:

1. There is an agreement between participants and instructor to work together as equals and share responsibilities for the success of the course.

2. Participants give and receive feedback with one another as well as with the instructor.

3. Both participants and instructor approach the learning situation with an open mind and a willingness to experiment and experience various activities before drawing conclusions as to their usefulness.

4. Agendas are developed and agreed upon in advance by both participants and instructor and are also flexible enough to be changed based on the needs of the group.

5. It relates to and engages the whole person, i.e., emotions and values as well as the intellect.

6. A variety of methods, activities, and techniques are used to meet the diverse needs of participants.

Creating a Participative Learning Climate

There are a number of instructor qualities and skills which help to create a positive climate for risking and sharing. Warmth, sincerity, patience, understanding, flexibility, and perseverance are all human qualities which help to create a climate of openness and trust. Skills in interpersonal communication, listening, and empathizing are also important.

In creating a positive learning climate, an instructor should do the following:

Determine the educational level and life experience of the group as a whole, and proceed from there.

Provide a nonthreatening atmosphere which encourages participants to express their ideas, opinions, and personal experiences.

Provide positive and constructive feedback to each participant; ask for feedback from participants about the instructor's role.

xxx

Ask questions which orient or reorient participants to the task or topic of discussion.

Encourage participants to share their resources with one another.

Recognize when a problem exists in group interaction and determine if it should be discussed with the group or dealt with on an individual basis.

Be aware of participant body language as a means of conveying involvement or withdrawal in a group environment.

Be flexible and willing to modify educational plans in order to meet the needs of participants.

Facilitating Interaction Among Participants

Much, if not most, of the learning that occurs when using the participative learning approach is the result of interaction among participants. This interaction is more frequently verbal interaction, e.g., discussion.

The guidelines for creating a positive learning climate outlined earlier are equally applicable to facilitating interaction. There are several other suggestions for the instructor to keep in mind. These also have the effect of creating a more positive learning environment.

Begin sessions with "get acquainted," nonthreatening activities and gradually move toward more complex, personally-involved activities.

Give clear, concise instructions for activities.

Offer praise, encouragement, and support for group members' contributions.

Help build additional support into the learning process by suggesting that students work with partners to encourage and help each other.

Allow time for discussion, clarification, and revision of the agenda.

Be sensitive to the attention span of participants. Plan short breaks and a variety of activities. During breaks, suggest that participants talk with someone they don't know very well.

The class sessions pack in a great deal of information. Allow the group to set its own pace for learning new information and trying out new skills.

Be willing to take risks! When participants demonstrate a readiness for leadership, encourage them to experiment.

Be enthusiastic about your topic and the activities. It can be contagious!

A Word About Discussion

A basic component of most learning activities is discussion. Discussion groups may also be used as the sole activity to attain an objective. However, we know from experience that effective, stimulating discussions do not just happen. Below are ten principles which instructors should be aware of in conducting effective discussions.

1. It is easier to speak in a smaller group than in a larger one.

   If participants seem to be reluctant to participate in a discussion, divide into smaller groups.

2. Participants need time to think.

   Don't be afraid of silence.

   Wait rather than rushing to rephrase questions or ask new ones.

3. Participants may feel less inhibited when talking with peers.

   Encourage participants to facilitate the discussions or assign someone to take over.

4. Emphasize that discussions have no right answer and a conclusion or resolution need not be reached.

   When participants realize there is no one right answer, they will be more open about expressing opinions.

5. Participants must feel their opinions are valued.

   Let them know you are interested in what they think. Be an active listener.

   Point out important contributions or ideas an individual makes, especially if they are overlooked by the group.

   React positively to all contributions.

6. Discussions should be relevant to the participants' own lives and concerns.

   Present questions which will elicit individual concerns and experiences regarding the topic.

7. Participants cannot always be prepared for discussions.

   Again, be flexible.

Find out if there are reasons the group is unprepared for the discussion. There might be circumstances of which you are unaware (deaths, community problems, etc.); these circumstances could be appropriate topics for discussion.

Sensitivity to group needs is important.

8. Quiet, shy participants usually need to be specifically encouraged to share their opinions.

   This is often the best way of drawing them into the conversation. Once they begin talking, they will often volunteer on their own.

   Try to provide other tasks that allow participants to make a variety of contributions such as recording ideas on a blackboard.

9. Aggressive members may tend to monopolize discussions.

   Encourage others to participate by asking if they agree or disagree with what has been said.

   If the discussion remains too one-sided, note this and ask the monopolizer(s) to help by remaining silent for a while.

10. Physical surroundings can influence the dynamics of a discussion.

    Sit in a circle or U-shaped formation so everyone can see and hear each other.

    Meet in a comfortable setting.

    Avoid noisy surroundings.

Educational Activities

In preparing this manual, we have tried to offer a variety of educational activities to meet each session's objectives. A variety of activities for each class session can: (1) accommodate different learning styles, (2) increase participation, (3) maintain motivation for participating in the course, (4) help participants adopt new health behaviors, and (5) keep the course content interesting and flowing smoothly.

To assist you if you are unfamiliar or not at ease with some of these methods, we have included a brief description for each activity. Each description includes potential uses, instructions for use, and special considerations for the instructor to keep in mind.

LECTURE

A prepared presentation of factual information on a particular theme or topic; covers a great deal of information in a short period of time. (The lecturette is designated by "....".)

Uses:

As an introduction to a new topic
To identify or explore a problem
As a response to questions raised by participants

Instructions and considerations:

Keep in mind the learning goals; decide on what material you need to cover and in what depth.
Use audiovisual aids whenever possible.
Keep within the allotted time and allow for questions.

BRAINSTORMING

Participants join together to generate new ideas, solutions, or alternatives to a problem. Stimulates creative thinking and recognizes the wealth of information members bring to the group situation.

Uses:

To generate suggestions for topics to be discussed, possible solutions to a common problem, or anything that has a number of possibilities.
To help build group cohesiveness and stimulate participation.

Instructions and considerations:

Present the problem.
Ask someone to record all the ideas on a sheet of newsprint paper or on a chalkboard.
Give an explanation of the rules:
- No criticism of ideas until after the brainstorming;
- Any idea goes--the crazier the better, it can be tamed down later;
- The sky is the limit--don't worry about the practicality or feasibility of the idea--you can evaluate it later;
- Adding on to a previous idea or combining ideas is okay--anything to make an idea better;
- State how long the group will have to brainstorm;
- After brainstorming, discuss the ideas, refine, evaluate, and prioritize so the group comes up with a few main suggestions. Depending on the problem, group consensus for one solution may be desirable.
- Ideas can also serve as points for future discussions or subjects for role plays.

READINGS

Printed materials which provide background information, a variety of viewpoints, or in-depth discussion of topics discussed in group.

Uses:

To reinforce what is presented or discussed in class.
To provide additional information to those who request it.
To offer another opportunity for participants to share information.

Instructions and Considerations:

Ask everyone to share with the group materials they have read that are relevant to topics being discussed.
Provide articles, books, and magazines which are thought-provoking and relevant. Have copies available.

AUDIOVISUAL MATERIALS

Films, slides, videotapes, etc., which are informative as well as entertaining.

Uses:

To open a discussion; when shown at the beginning of a session, audiovisual materials provide participants with similar information and reference points.
To close a discussion, lecture, or symposium; helps reinforce concepts presented by providing visual illustrations.
To provide a situation for role play; by stopping the film before an important point, possible conclusions can be played out.

Instructions and Considerations:

Have all the necessary equipment and know how to operate it.
Introduce audiovisuals by title. Demonstrate pertinence to learning goals and indicate what points to look for.
Follow with appropriate activity.

BUZZ SESSION

A brief, informal discussion of a topic or issue with small subgroups or a larger participant group. Participants typically have no prior preparation.

Uses:

To increase awareness of critical issues prior to a formal presentation, such as a lecture or film.
To generate greater interest and involvement with a topic and to increase sensitivity to issues and problems.

Instructions and Considerations:

Briefly introduce the topic to be discussed in general terms. State the objectives of the session, i.e., to identify issues, to specify problems, etc.
Give procedural instructions--how to break into groups, the time allotted for the activity, etc.
When time is up, reconvene the larger group. Have someone from each group present his or her group's conclusions.
Discuss briefly, summarizing the points made.

DEMONSTRATION

An activity where one or more persons, proficient in a specific skill for procedure, demonstrates the skill to the larger group. The lesson should include the "whys" of a demonstrated skill as well as the "hows."

Uses:

To help participants become familiar with the skill before they are asked to try it.

Instructions and Considerations:

Provide each participant with a set of instructions you will follow.
Demonstrate the procedure, slowly explaining and answering questions as you go along.
Demonstrate several times before expecting participants to try the procedure or skill on their own.
Have participants try the skill and provide feedback.

CASE STUDY

A written vignette describing an incident, event, or situation to be analyzed and discussed. Must contain sufficient detail to make it possible for groups to analyze the problems involved.

Uses:

To help participants think about issues or problems and how they might act or react in similar situations.

Instructions and Considerations:

Provide a copy of the case to everyone. Ask someone to read it out loud or do so yourself. Briefly summarize the situation discussed but avoid going beyond the stated facts.
Ask someone to analyze the case, point out the problems, or suggest alternative methods of dealing with the situation.
At no time during the discussion interject personal opinions or solutions.
At the conclusion of the discussion, summarize the key points.

ROLE PLAY

The acting out of a hypothetical situation by two or more persons. Each person assumes a role and plays the part as he or she feels would be appropriate if it were a "real life" situation.

Uses:

To try out suggestions or solutions to problems by creating a situation in which they might be used.
To increase involvement and identify with a problem.
To provide an opportunity for individuals to step into someone else's "shoes," thus giving them insight into other points of view.

Instructions and Considerations:

Introduce the problem and briefly outline the situation.
Ask for volunteers or assign roles.
Allow time for players to ask questions and internalize their roles.
Allow the scene to unfold without interruptions.
Upon conclusion of the scene, open for discussion. Let the actors explain their actions before the audience begins making comments.
Encourage everyone to share their feelings and reactions.
Time should include allowance for introduction, role assignments, etc.

PROBLEM SOLVING

Hypothetical or real problems are assigned to small groups of 3 or 4 participants who work together to reach a collective decision. Hypothetical problems may be constructed so that they can be completed within one session or extended over a longer period of time.

Uses:

To give participants experience working collectively.
To help participants improve and use their problem-solving skills.
To provide participants with an opportunity to examine a problem more closely.

Instructions and Considerations:

Divide the larger group into smaller subgroups.
Provide a written description or outline of the problem to be invested or have each subgroup choose a topic. Suggestions of possible problem areas may be made.
Upon completion of the problem-solving sessions, have someone from each group summarize that group's findings and conclusions.
Discuss the findings as well as problems encountered by the groups in the actual problem-solving process.

FILMS

A suggested film for each session is listed on the overview page. However, we encourage you to review the film resources in your community and utilize appropriate ones to augment class presentations and learning activities. For the most effective use of audiovisual materials, please follow these guidelines:

1. Always preview films to make sure they are suitable for your audience and teaching needs.

2. Make sure to order your film in advance to assure delivery on the date needed.

3. Prepare your audience by introducing the major points of the presentation before the showing.

4. Be sure to allow time to discuss the film after the showing.

The following is a list of resources that might have available films for your purposes:

1. N.C. Department of Environment, Health and Natural Resources
   Division of Health Services
   Roger G. Whitley AudioVisual Library
   Raleigh, North Carolina
   27602-2091 (919) 733-3471

2. Local Public Library

3. Local Mental Health Center and Public Health Department

4. Area Health Education Center

5. University Library Audiovisual Departments

6. Local community organizations and agencies listed in the Introduction

7. Film Services Branch
   Division of State Library
   Raleigh, North Carolina 27602-2091
   (919) 733-4376

Adapted from: Fall Creek, S. & Mettler, M., A HEALTHY OLD AGE: A SOURCEBOOK FOR HEALTH PROMOTION WITH OLDER ADULTS. U.S. Department of Health and Human Services, Washington, D.C.: U.S. Government Printing Office, 1984.

SESSION ONE: LEARNING ABOUT AIDS

Objectives

1. Describe the spectrum of HIV infections: asymptomatic carriers, AIDS-related complex (ARC), acquired immunodeficiency syndrome (AIDS), and list current and forecasted data.

2. Define the terms acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC), asymptomatic carriers, human immunodeficiency virus (HIV), opportunistic infections.

3. Understand the process of infection by HIV.

4. Discuss current medical research and the status of treatment, cure, and vaccinations.

5. Identify the body fluids that host the HIV and are vehicles of transmission.

6. Understand how HIV is transmitted from person to person. Identify the routes of transmission.

7. Understand that HIV is a virus that can infect anyone.

8. Define personal health behaviors that put a person at risk.

9. List strategies that could prevent the transmission of HIV.

10. Identify safe, possibly safe, and unsafe sex practices.

11. Identify the procedure for testing for the HIV. Understand the accuracy of the ELISA and Western Blot tests for HIV.

12. Recognize the issues of discrimination against persons who are infected with HIV.

13. List and discuss the precautions that can be taken by someone who is, or may be, infected with HIV.

14. Discuss and dispel the myths that surround the transmission of HIV. Identify quackery and propaganda that surround AIDS.

15. Find out where to get the facts about AIDS.

To teach Session One, you will need:

EQUIPMENT

Overhead projector/screen
VHS-VCR and monitor
Flip chart or blackboard

AUDIOVISUALS

Overhead transparencies
No. 1.1 Session One - Objectives
No. 1.2 AIDS--Tip of the Iceberg
No. 1.3 Common Symptoms of AIDS/ARC
No. 1.4 AIDS in the Body
No. 1.5 How Does One Become Exposed to HIV?
No. 1.6 Personal Behaviors that Determine Risk
No. 1.7 Safer Sex
No. 1.8 Drug Use--Prevention of HIV Infection
No. 1.9 AIDS: Fight Fear with Facts

HANDOUTS

No. 1.1 The Subject is AIDS: Pre-test and Post-test Questionnaire
No. 1.2 AIDS: Fight Fear with Facts
No. 1.3 AIDS: Terms and Definitions
No. 1.4 Practicing Safe Sex
No. 1.5 What Do You Know About Safer Sex? (Questionnaire)
No. 1.6 What Do You Know About Safer Sex? (Answers)
No. 1.7 What Do You Know About Safer Sex? (Glossary)
No. 1.8 Precautions for HIV Infected Individuals

See resource section for appropriate pamphlets that are available through local, state, or national sources.

MOVIES (appropriate for this session)

The Subject is AIDS (15 min., color, VHS)
AIDS: What Everyone Needs to Know (18 min., color, VHS)
Sex, Drugs, and AIDS (15 min., color, VHS)
The AIDS Movie (26 min., color, VHS)

POSSIBLE GUEST SPEAKERS AND COMMUNITY RESOURCES

1. Health Educator, Public Health Department
2. Community College personnel (school nurse, dean of students, etc.) who are well-educated about AIDS
3. Educator from Planned Parenthood
4. AIDS Services Organizations across the state

See resource section--Suggested Guest Speakers and Community Resources for more suggestions.

SESSION ONE: LEARNING ABOUT AIDS

AGENDA

Introduction to the Course:

Activity 1: Review Session One Objectives

Activity 2: Overview of AIDS (movie and questionnaire)

Activity 3: What Are the Stages, Terms, and Definitions That Describe the Spectrum of HIV Infection?

- What are the different stages of HIV infection?
- What are the terms and definition used to discuss AIDS?

Activity 4: How Does HIV Take Over the Immune System? (Optional)

- How does HIV take over the body?

Activity 5: Can HIV Infection Be Treated? (Optional)

Activity 6: How Can You Avoid Exposure to HIV?

- What are the body fluids in which HIV has been found?
- How is HIV transmitted?
- Who can HIV infect?

Activity 7: What Are the Personal Health Behaviors That Can Prevent The Spread of HIV?

- What are the personal health behaviors that determine risk?
- Safer sex strategies to prevent HIV transmission
- Drug use: prevention of HIV infection
- What do you know about safer sex practices?

Activity 8: What You Can Do If You Suspect Or Know That You Have Been Exposed to HIV.

- Information about HIV testing
- Should people be tested?
- Precautions for the HIV-infected person

Activity 9: What Are Myths And Misunderstandings Associated With AIDS?

- Where can you obtain facts about AIDS?

Activity 10: Preview Session Two.

Activities 3 through 9 are introduced with a question which should be asked of the participants at the beginning of each activity.

Several Activities have been listed as "optional." While the information in these activities is very important, these can be omitted if time is limited. The instructor should be prepared to discuss this information should the participant indicate interest.

Note that any of the movies in Activity 2 will provide enough information to allow the facilitator to promote discussion.

PREVENTING AIDS TOMORROW THROUGH EDUCATION TODAY

SESSION ONE

Learning About AIDS

Instructor: Give an introductory-welcome talk. An example of an introduction follows. Review the objectives of this Session (Activity One). Pass out Handout No. 1, "The Subject is AIDS: Pre-test and Post-test Questionnaire." Show one of the movies suggested for Activity Two. Any one of these movies will answer some of the questions. Explain to the participants that each of the questions will be discussed thoroughly during this session.

INTRODUCTION

"Acquired Immune Deficiency Syndrome (AIDS) is an epidemic that has already killed thousands of people, mostly young, productive Americans. In addition to illness, disability, and death, AIDS has brought fear to the hearts of most Americans."

"AIDS is a life-threatening disease and a major public health issue. Its impact on our society is and will continue to be devastating. By the end of 1991, an estimated 270,000 cases of AIDS will have occurred with 179,000 cases of AIDS deaths within the decade since the disease was first recognized."

--excerpted from Surgeon General's Report on AIDS
October 22, 1986

There is no way to meaningfully discuss AIDS other than in a frank, open, and factual way. This is a deadly disease that can be prevented through accurate education and changes in high-risk behaviors.

The purpose of this course is to:

- educate the participant about AIDS
- discuss the disease as it affects the body
- identify the routes of transmission
- examine personal behaviors that may put one at risk
- explore methods of changing high-risk behaviors
- discuss ALL methods and strategies for prevention
- examine the controversies and issues that surround the AIDS epidemic

The need to address the AIDS issue within a college student body lies rooted in the fact that young people in the United States are sexually active and therefore vulnerable to this disease. The community at large, that helps shape the future of young people, must also be aware of all the facts of this disease so they can help stop its spread. According to the Alan Guttmacher Institute, seven of every ten females and eight of every ten males in the United States have sexual intercourse by the age of 20. One consequence of this activity has been nearly a million unplanned teen pregnancies a year since 1979. Another serious result has been a high incidence of sexually transmitted diseases (STD). In the United States, 65 percent of the approximately 12 million reported cases of STDs a year occur in young people under the age of 25. There is only one way to protect this sexually active group of young people, with the habits of unprotected sex, from tapping into the pool of 1.5 million to 4 million Americans who test positive for the AIDS virus. That is through an aggressive educational effort.

People could expose themselves and others to HIV if precautionary measures are not practiced. **There is no justification to avoid learning the facts about AIDS and practicing prevention.**

ACTIVITY ONE

Review of Session One Objectives

Methodology: Large Group

Materials: Transparency No. 1.1, Session One - Objectives

Equipment: Overhead projector/Screen

Instructor: Using Transparency No. 1.1, Session One - Objectives, review the objectives for this session.

ACTIVITY TWO

Overview of AIDS

Methodology: Movie
Large Group Discussion

Materials: Handout No. 1.1, The Subject is AIDS: Pre-test and Post-test Questionnaire
Handout No. 1.2, AIDS: Fight Fear with Facts

Movie: The Subject is AIDS (1987)
Deals with many issues related to AIDS; drug usage, sexual activity, condom use, homophobia, peer pressure and peer support. The contents of this movie are applicable to Sessions Two and Three. (15 min., color, VHS)

If The Subject is AIDS is not available, use:
AIDS: What Everyone Needs to Know (1986)
General information on AIDS, its history, impact on the immune system risk reduction. (VHS, 18 min., color)

Other recommended movies include:
- Sex, Drugs, and AIDS (15 min., color, VHS)
- The AIDS Movie (26 min., color, VHS)

Equipment: VHS player and monitor

Instructor: Distribute Handout No. 1.1, The Subject is AIDS: Pre-test and Post-test Questionnaire. Show the movie and explain that the movie will answer some of the questions on the handout, which the class will discuss thoroughly in Activity Nine. Also give out Handout No. 1.2, AIDS--Fight Fear with Facts.

ACTIVITY THREE

What Are Stages, Terms, and Definitions That Describe The Spectrum of HIV Infections?

Objective: Describe the spectrum of HIV infections: Asymptomatic Carriers, AIDS-related complex (ARC), acquired immunodeficiency syndrome (AIDS), and list current and forecasted data.

Objective: Define the terms human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC), Asymptomatic carriers, and opportunistic infections.

Methodology: Large Group Discussion
Lecture

Materials: Transparency No. 1.2, AIDS--Tip of the Iceberg
Transparency No. 1.3, Common Symptoms of AIDS/ARC
Handout No. 1.3, AIDS: Terms and Definitions

Equipment: Overhead projector/screen
Board

What are the Different Stages of HIV Infection?

Instructor: Ask the participants: "What do you think happens when one has been exposed to HIV?" Put the participant's answers in a continuum on the board. At the end of the board establish a "Myths" column. Whenever a student offers an idea that isn't factual, list it here. Do not be surprised if a common idea is that one gets AIDS and dies. Most people only know about AIDS as the fatal end of the continuum. Use Transparency No. 1.2, AIDS--Tip of the Iceberg, to facilitate the discussion. Be sure to have current statistics. Call (919) 733-7301, AIDS Control Program in Raleigh.

The HIV (Human Immunodeficiency Virus), commonly referred to as AIDS virus, is responsible for multiple diseases and stages of infection.

The term AIDS has been misapplied to represent the entire spectrum of HIV infection whereas it actually represents the end stage of HIV infection. Generally speaking, people infected with HIV may progress through several stages of health conditions. They may become asymptomatic carriers, meaning they have been exposed to HIV but do not exhibit any signs or symptoms that could lead one to suspect infection. They may be diagnosed as having ARC (AIDS-Related Complex), meaning they can be symptomatic carriers, showing signs and symptoms that they have been exposed to HIV. AIDS is the term used to describe an advanced progression of ARC and is the final stage of HIV infection.

People may not always progress from being asymptomatic to being diagnosed with ARC, or from an ARC Stage to an AIDS stage because the progression of HIV infection is not always so clearly defined.

The period of time between when a person is infected with HIV and then develops symptoms can vary anywhere from six months to an unknown period of time, though the average period of time is seven years. Once a person is infected he or she must be considered infectious, capable of spreading the virus to others. The only way that infection could be detected is through testing procedures (discussed in Activity Eight) or until opportunistic infections developed (discussed later in this section). To date, HIV infection advances to AIDS in at least 35% of those exposed to the virus, though some figures indicate a higher percentage will advance to the AIDS stage.

Individuals diagnosed with AIDS have an average life span (after diagnosis) of 18 months to three years. As of mid 1988, over 65,000 cases of AIDS were reported in the United States, and it is expected that another 270,000 or more will be recorded by 1991. About 179,000 of them will have died.

In December 1986, the Los Angeles Times reported, "Experts say that in the next five years, the number of Americans to die, or suffer from AIDS, will grow 10 times....that means the disease will have struck one of every 933 Americans. By 1991, everyone will know somebody who has died from AIDS, or is going to die from AIDS."

These figures are devastating. To put it into perspective, consider: In San Francisco, the toll of over 1,000 deaths due to AIDS, recorded in early 1986, has already exceeded the number of deaths of soldiers and sailors from this city for WWI, WWII, the Korean War, and the Vietnam War combined.

The AIDS epidemic has often been described by using the metaphor of an iceberg. The top of the iceberg, that which is noticed above the water, represents the small number of reported AIDS cases in North Carolina and the United States of America. The portion of the iceberg under the water's surface represents individuals in North Carolina and nationwide.

What are the Terms and Definitions Used to Discuss AIDS?

Instructor: AIDS education begins with everyone speaking the same language. Give out handout No. 1.3, AIDS Terms and Definitions. Discuss all the following terms. After discussing these terms, ask the participants for slang words that may be common. (example: Gonorrhea is often called clap; is there a slang work for AIDS?)

The necessary vocabulary for discussing and understanding HIV infection:

HIV--Human Immunodeficiency Virus

Also known as HTLV-III (Human T-Lymphotropic Virus, type III) and LAV (Lymphadenopathy Associated Virus). HIV is the causative agent of the medical conditions known as AIDS and ARC. Identified in April 1984, HTLV-III is the name ascribed by the U.S. researchers. LAV is the name for the virus identified in France in 1983. HIV was introduced as a compromise term in May 1986.

AIDS--Acquired Immunodeficiency Syndrome or Acquired Immune Deficiency Syndrome

Acquired:	Disease is passed from one person to another. If is not hereditary in nature.
Immune:	The body's defense system, which protects us from disease.
Deficiency:	Immune efficiency means the defense system is not working, or working inadequately.

Syndrome: A group of symptoms which, when they occur together, means a person has a particular disease or condition.

AIDS is a serious condition characterized by a defect in natural immunity against disease. With this loss in immune response, the individual falls prey to a host of what are called "opportunistic infections" because they rarely occur in individuals with normal immunity. Some of the opportunistic diseases that ultimately kill people with AIDS are:

Pneumocystis Carinii Pneumonia (PCP)
Kaposi's Sarcoma (KS)
Certain cancers of the lymphatic system
Dementia or degenerative brain disorder
Rare form of TB (mycobacterium avium-intracellulare, (MAI)) spreads beyond the lung to the liver, spleen, lymph nodes, bone marrow, skin.

ARC--AIDS Related Complex

ARC is less well defined. It refers to the huge spectrum between full-blown AIDS and asymptomatic infection. In the continuum of HIV infection, the person's immune system may gradually become less and less efficient, unable to fend off infections. Some of these infections may be treated with some success; however, they may become more frequent and complicated. Some people with ARC will die. At present at least 30% of ARC patients have developed full-blown AIDS; though not everyone with ARC will develop AIDS.

People with ARC may experience some or all of the following:

Lymphadenopathy Syndrome--a condition characterized by swollen glands and other nonspecific signs and symptoms. A person may have generalized swollen glands (lymphadenopathy) for many months prior to his/her diagnosis.

Wasting Syndrome--general debilitation, persistent weight loss (as much as 40 percent over several months), profound fatigue, diarrhea, anemia

Autoimmune Diseases--a disorder of the immune system in which the body attacks its own tissue, manufacturing antibodies against platelets, blood cells intimately involved in the clotting process (idiopathic thrombocytopenic ITP)

Other opportunistic diseases: acute meningitis, encephalitis, hepatitis, neurological impairment (sensory, motor, intellectual), etc.

Many of the symptoms of HIV infection are also symptoms of minor illnesses like colds or flu. However, these symptoms don't go away; they are unexplained, and/or they keep returning. (Use Transparency No. 1.3, Common Symptoms of AIDS/ARC)

The Common Symptoms for the AIDS virus are:

- unexplained and prolonged tiredness
- rapid, unexplained weight loss (greater than 10 lbs.)
- unexplained, prolonged fever and chills
- drenching night sweats lasting more than several weeks
- persistent diarrhea or bloody stools
- persistent dry cough (not caused by cold, flu, allergies, or smoking)
- persistent chest pain or shortness of breath
- trouble swallowing or severe heartburn that persists
- white spots, bumps or unusual marks on the tongue or mouth (with a sore throat); these may also be found in the nose, eyelids or rectum
- swollen glands, usually in the neck, armpits or groin usually without pain
- pink, blue or purple blotches on the skin, inside the mouth, nose, eyelids or rectum. They may look like bruises but they don't go away

IF ANY OF THESE SYMPTOMS APPEAR IT DOES NOT MEAN THAT ONE HAS AIDS OR THAT THEY HAVE BEEN EXPOSED TO HIV. IT DOES MEAN THAT MEDICAL ADVICE SHOULD BE SOUGHT.

Asymptomatic Carriers

(Refer back to Transparency No. 1.2, AIDS--Tip of the Iceberg) Asymptomatic carriers make up about 75-80% of those infected with HIV. This is the large, unknown part of the iceberg that lies under the water. These people have few, if any signs or symptoms. The individual feels well and has no physical reason to suspect infection. However, these individuals can transmit HIV since they are infected with it.

ACTIVITY FOUR (Optional)

How Does HIV Take Over the Immune System?

Objective: Understand the process of infection by HIV.

Methodology: Large Group Discussion
Lecture

Materials: Transparency No. 1.4, AIDS in the Body

Equipment: Overhead projector/Screen
Flip chart or blackboard

How Does HIV Take Over the Body?

Instructor: Ask: "Who knows how HIV takes over the body?" Put any myths in the myth column on board. Use Transparency No. 1.4, AIDS in the Body, to facilitate this discussion.

The HIV destroys the body's ability to fight off disease. HIV itself does not kill. Instead, it makes an individual vulnerable to fatal diseases by attacking the body's white blood cells (the most essential part of the immune system).

The sequence of events are: (Use Transparency No. 1.4)

1. The Human Immunodeficiency Virus (HIV) is introduced into the body.

2. The virus attacks the white blood cell called helper T-cell. (The helper T-cell sounds the warning of infection to the rest of the white blood cells. Without functioning helper T-cells, the other white cells' role of fighting germs is interfered with; the immune system is threatened.)

3. Once HIV is attached to the helper T-cells, two things can happen:

   a) The virus can live there a long time, doing nothing. The carrier will test positive for HIV antibodies. In this situation, the person is called an <u>asymptomatic carrier</u> and can infect other people.

   b) HIV can turn the helper T-cell into an AIDS virus factory. More HIV is released into the body, which in turn attaches to and destroys other helper T-cells and eventually weakens the immune system. Once symptoms present themselves, the individual is diagnosed to have ARC. This person is often sick and has a variety of non-threatening opportunistic diseases. Approximately 30% of these people will eventually have a full-blown case of AIDS and will die.

ACTIVITY FIVE (Optional)

Can HIV Infection Be Treated?

Objective: Discuss current medical research and the status of treatment, cure, and vaccinations.

Methodology: Large Group Discussion
Lecture

Materials: No handouts or transparencies

Equipment: Not needed

Can HIV Infection Be Treated?

Instructor: Ask the participants what they know about the treatment and cure for AIDS. This discussion can cover the economics of developing a cure and researching a vaccination. The economics and ethics of AIDS will be more thoroughly discussed in Session Three.

Weekly, the media reports new breakthroughs in AIDS research. While much progress has been made, and the scientific community marvels at the mobilization of resources and the rapid discoveries within this research, there still is no "cure" or "vaccine" for AIDS.

The first step in conquering any disease is understanding what the disease is. It is at this first step of unraveling the mystery that all the breakthroughs have been. Developing a vaccine requires a slow process from the test tube to lower animals to chimpanzees before testing on humans. The human tests alone take several years to ensure first, safety, then proper dosage, and then effectiveness. If a vaccine was tested effective in chimpanzees today, it would take approximately five years before it would be properly tested for public consumption.

The effect that HIV virus has on the human immune system is very complicated to understand. Researchers are still at the theoretical stage, comparing the AIDS virus to other viruses.

There has been much research in treating HIV-infected individuals. Some opportunistic infections can be treated effectively. Drugs, hormones, and blood-cleansing mechanisms are being developed to restore the immune system, to remove harmful substances from the blood, and to provide for symptomatic relief. Although many results have been promising, none can yet be declared successful. Some drugs have side effects and some people are either too sick or ineligible for drug studies. However, reputable experimental treatments are available for the AIDS patient. For more information about new drugs, call the AIDS Control Program or your local AIDS Services Organization (see resource section).

ACTIVITY SIX

How Can You Avoid Exposure to HIV?

Objective: Identify the body fluids that host HIV and are vehicles of transmission.

Objective: Understand how HIV is transmitted from person to person. Identify the routes of transmission.

Objective: Understand that HIV is a virus that can infect anyone.

Methodology: Large Group Discussion
Lecture

Materials: Flip chart or blackboard
Transparency No. 1.5, How Does One Become Exposed to HIV?

Equipment: Overhead projector/screen

What Are the Body Fluids in Which HIV has Been Found?

Instructor: Ask the participants to identify the body fluids that contain the AIDS virus. Put the correct information on the board. Ask them to identify which bodily fluids are the high-risk fluids.

Research has shown that HIV is found in the bodily fluids: semen, blood, vaginal/cervical secretions, tears, breast milk, urine, spinal fluid and saliva. However, contracting the AIDS virus is not easy. Medical professionals have found that the AIDS virus can be transmitted only by intimate contact with the body fluids of an infected individual. This can occur through: sexual contact; sharing of contaminated needles; and transfusion of blood and some blood products. There is also evidence that the virus can be transmitted from mother to child before, at, or shortly following birth.

How is HIV Transmitted?

Instructor: (Use Transparency No. 1.5, How Does One Become Exposed to HIV? to facilitate discussion) Ask the participants: "How do these bodily fluids, infected with HIV, become a risk factor to another person?" Write the answers on the board or flip chart. As each correct answer is given, thoroughly discuss. Put all the myths under one myth column on the board. Be sure that the participants understand the **FACTUAL INFORMATION** presented below. HIV is not easy to catch!

SEXUAL CONTACT
Sexual contact is believed to have been the only risk factor for many of the AIDS cases reported among adults. All sexual practices which involve the exchange of, or intimate contact with, body fluids, such as vaginal secretions, saliva, blood, semen, urine, or feces, are assumed to carry a risk.

HIV is spread through both anal and vaginal intercourse, manual/anal intercourse, oral/anal contact, and shared sex toys. If there are tiny cuts or scratches in the mouth, vagina, rectum, or on the penis, they can provide a way for the AIDS virus in the semen, vaginal fluids, or blood of an infected person to enter the bloodstream of an uninfected partner.

HIV can be transmitted from male to female, female to male, and male to male. There have been several cases of female to female transmission.

SHARING CONTAMINATED NEEDLES (IV Drug Users)
The AIDS virus can be introduced into the body by sharing a drug needle that is contaminated with HIV. Often people who use drugs like heroin do it in a group. They pass the syringe around the room. If you're the last person in the room to get the needle, you get blood from everyone in the room. Sharing a needle with just one other person can introduce the AIDS virus into the body if that person is infected.

The IV drug users who are infected with HIV and who engaged in unprotected sexual practices can infect their sexual partners.

BLOOD-BORNE TRANSMISSIONS
Another way the AIDS virus enters the blood is through a transfusion of contaminated blood or blood products. Only 2% of adult AIDS patients got the disease that way, while 9% of the school-aged AIDS population and 15% of the preschool patients were infected through transfusions. This is now extremely rare because all blood donations are screened for signs of HIV infection.

MOTHER TO INFANT
Transmission of HIV from an infected mother to her infant can occur during pregnancy, during birth, or during breast-feeding. A woman testing HIV positive, even if she has no symptoms, can pass the disease on to her child.

Who Can HIV Infect?

Although much has been reported about AIDS and its impact on certain groups (such as gay/bisexual men, IV drug users), it is **INCORRECT** to assume that gay/bisexual men and IV drug users are the only people who can or do become infected with HIV. It is also **INCORRECT** to assume that membership in any group automatically means that you have, or will become, infected. **Sexual and personal behaviors**, not group membership, may expose someone to the virus. Remember, **anyone** can become infected because HIV does not discriminate between men or women, age, race, class, sexual preference, religious beliefs, political beliefs, etc.

ACTIVITY SEVEN

What Are the Personal Health Behaviors That Can Prevent the Spread of AIDS?

Objective: Define personal health behaviors that can put a person at risk.

Objective: List strategies that could prevent the transmission of HIV.

Objective: Identify safe, safer, and unsafe sex practices.

Methodology: Lecture
Large Group Discussion
Questionnaire and Discussion

Materials: AIDS Education Pamphlets
Transparency No. 1.6, Personal Behaviors that Determine Risk
Transparency No. 1.7, Safer Sex
Transparency No. 1.8, Drug Use--Prevention of HIV Infection
Handout No. 1.4, Practicing Safe Sex
Handout No. 1.5, What Do You Know About Safer Sex? (Questionnaire)
Handout No. 1.6, What Do You Know About Safer Sex? (Answers)
Handout No. 1.7, What Do You Know About Safer Sex? (Glossary)

Equipment: Overhead projector/screen

What Are the Personal Health Behaviors That Determine Risk?

Instructor: Many pamphlets are available that will be helpful in discussing prevention strategies. Call the North Carolina AIDS Control Program, 1-919-733-7301, for current literature. See the resource section, under pamphlets. Have some of these pamphlets available for the participants. This activity is bringing the AIDS issue home to the participant. Although they do not need to discuss their personal sex and/or drug activities, they should be encouraged to think about this information and applying it to their personal lives. The relative risk for acquiring the AIDS virus depends on personal health behavior choices and practices.

Use Transparency No. 1.6, Personal Behaviors That Determine Risk, to facilitate discussion. Discussing sexual behavior can be difficult. Before teaching this, familiarize yourself with the information. Practice discussing the concepts, words, and basic information with a friend. Practicing saying the words and thinking in a clear way about sex will help you when you are teaching. If you find the information too difficult, get help from a staff member at the Health Department, Planned Parenthood, Community College student services, an AIDS Service Organization, or ask a high school guidance counselor. REMEMBER, YOU CANNOT TEACH ABOUT PREVENTING AIDS WITHOUT DISCUSSING THE ROUTES OF TRANSMISSION.

Safer Sex Strategies to Prevent HIV Transmission

Instructor: Use Transparency No. 1.7, Safer Sex, to facilitate discussion. Give out and discuss Handout No. 1.4, Practicing Safer Sex.

Basically, there are two ways to keep from getting the AIDS virus. Quite simply: abstain from unsafe sexual relations and avoid sharing dirty needles. However, personal behaviors, habits and practices are usually more complicated and require more discussion and understanding.

Safe sex is a concept which encourages behavioral changes in sexual activity aimed at preventing transmission of HIV. It applies to men and women regardless of sexual orientation. Safe sex is something positive that people can do to make a difference in slowing the spread of AIDS. It is an approach that makes each person responsible for his/her own sexual health.

Mutually faithful, single-partner relationships may offer the best protection for HIV infection, short of abstinence.

If you are sexually active avoid engaging in unprotected sexual activities that could expose you to the virus. This means:

1. Protect yourself during sexual activity by using condoms or dental dams. Note: Dental dams are flat latex squares that can be placed over a woman's genital area to prevent the escape of vaginal secretions. Dental dams can be obtained from dentists' offices, pharmacies, mail-order catalogs. Also, a condom can function as a dental dam if you cut down the middle of one and roll it out flat.

2. Use spermacides and condoms lubricated with 6.5% nonoxynol-9 which kills the virus.

3. Do not exchange body fluids such as blood, semen, or vaginal secretions during sex.

4. Know the sexual and drug-using history of your sexual partner.

If you engage in sexual activity with an HIV-infected person, the same sex recommendations listed above should be applied. However, the least risky sexual activities are those that don't involve vaginal or anal intercourse (whether by penis, finger(s), or sex toys) and that don't involve oral-genital contact.

Drug Use: Prevention of HIV Infection

Instructor: Use Transparency No. 1.8, Drug Use -- Prevention of HIV Infection, to facilitate discussion.

Safe sex doesn't mean eliminating sex from one's life; although that is certainly one way of preventing the spread of AIDS. Safe sex is smart sex, knowing about the health risks of certain sexual behavior. AIDS prevention is also knowing about the health risks of drug use.

Those who are shooting drugs are at risk for becoming HIV infected. The best protection from HIV infection is:

- STOP SHOOTING DRUGS -- get help to overcome your addiction.
- If you do use drugs, DO NOT SHARE NEEDLES OR WORKS. Sterilize needles or works with chlorox if you must share needles or works, or if you are not sure whether they are clean.
- DON'T RENT WORKS. Hidden blood left on drug apparatus can transmit AIDS if the HIV is present.

What Do You Know About Safer Sex Practices?

Instructor: Become familiar with the questionnaire (Handout No. 1.5) and with the answers (Handout No. 1.6) and with the glossary (Handout No. 1.7).

Tell the participants who are NOT sexually active that learning about the different sexual practices is NOT an encouragement to become sexually active. (Use a metaphor: Learning about the missiles, artillery, and offensive weapons of a nation is NOT an encouragement to go to war.) Stress: **Abstinence is the SAFEST and SUREST way to PREVENT the Transmission of HIV.** The participant who is not sexually active can use this information to make good decisions when he/she becomes sexually active and to be a well-informed resource to a friend who may have questions.

Pass out the Handout No. 1.5, What Do You Know About Safer Sex? (Questionnaire). This questionnaire helps the participant to rate different behaviors from safe-to-unsafe. The purpose of the questionnaire is to provide the participants with an opportunity to practice using the information they have learned. Some of the behaviors may not be familiar to all the participants. Therefore, provide enough time to discuss any of the behaviors that they may not understand. Have the participants complete it. Thus far, session one should have provided enough information necessary to answer the questions correctly. Put the participants into small groups so they can compare answers. Give out Handout No. 1.6, What Do You Know About Safer Sex? (Answers) and Handout No. 1.7, What Do You Know About Safer Sex (Glossary) and go over the correct answers in a large group. Be prepared to answer questions.

ACTIVITY EIGHT

What You Can Do if You Suspect or Know That You Have Been Exposed to HIV

Objective: List and discuss the precautions that can be taken by someone infected with HIV.

Objective: Recognize the issues of discrimination against HIV-infected persons.

Objective: Identify the procedure for testing for the HIV. Understand the accuracy of the ELISA and Western Blot tests for HIV.

Methodology: Lecture
Large Group Discussion

Materials: Handout No. 1.8, Precautions for HIV-Infected Individuals

Equipment: Not needed

Information About HIV Testing

Instructor: Discuss the information that follows.

The ELISA test screens a blood sample for antibodies to HIV. It does not directly indicate whether the virus itself is present. It does indicate that you have been exposed to HIV (a positive test result). A negative test result may mean that you have not been exposed to the virus. However, after exposure to HIV, it takes 2 to 12 weeks (sometimes longer) to develop the antibodies measured by the ELISA test. If you are tested before or during this time period, the test may not effectively measure antibodies to HIV. Therefore, those who test negative may want to retake the ELISA test after 2-12 weeks in order to get an accurate test result.

The test labels an undetermined number of those tested as "falsely positive" or "falsely negative."

> False positive: The test says you are HIV positive (have been exposed to HIV) when you have not been exposed to it. False negative: The test says you are HIV negative (free of the virus) when you actually have been exposed to it.

Because of unresolved questions about the accuracy of the ELISA test, a more specific and accurate test was developed (the Western Blot). The Western Blot test is performed when ELISA results are positive. If both the ELISA and Western Blot tests are positive, a person is considered to be HIV positive.

Should People Who Suspect That They May Have Been Exposed to HIV Have Their Blood Tested for Evidence of Infection?

Instructor: Discuss the information that follows:

Only you can decide whether to be tested for exposure to HIV. There are several reasons to have the ELISA test: you fear you may have been exposed to the HIV; you are considering pregnancy or becoming artificially inseminated so you may want to know whether you, or your sexual partner or semen donor, have been exposed. Also, you may want to know this before you donate body organs, eggs, tissues, blood, etc.

There are several considerations to think about before deciding to be tested for HIV antibodies.

- Testing positive for HIV antibodies does not necessarily mean that a person has, or will develop, AIDS.

- Positive test results, if leaked to an employer or insurance company, can lead to on-the-job harassment, loss of job, loss of housing, cancellation of health insurance or life insurance, general harassment,and other serious consequences. Ask your school's medical center if they guarantee confidentiality before you have an AIDS test. Future employers will ask your school for your medical records. If your school does not guarantee confidentiality consider your county health department for testing and counseling.

- Since there is no medical cure for an HIV infection, testing might lead to overwhelming anxiety and psychological distress.

If you wish to have the HIV antibody test, you should seek proper counseling regarding the limitations, risks, and complexity of interpreting the results.

Because of the risk of discrimination, you should not be tested without an assurance of confidentiality or anonymity. If your employer, supervisor, instructor, military commander, physician or other health care provider or insurer requests that you be tested and you do not wish to be, especially if there is no assurance of confidentiality or anonymity, you should refuse to be tested and seek legal council. Discrimination of persons with AIDS will be discussed further in Session Three.

If you have made an informed decision to be tested for antibody to HIV, speak with your physician, the AIDS Control Program, public health official, or local AIDS Service Organization about how, when and where to take the tests. Be sure to select a testing center which provides follow-up counselling. A list of county health departments and their testing procedures can be obtained by calling the AIDS Control Program.

If you test positive you will be required to report the name(s) of your sexual partner(s) to authorities of the state so that they can be counselled about reducing possible risks to themselves and others. For more information about options and legalities, contact the resources mentioned in the previous paragraph.

If a Person Has a Positive HIV Test, What Procedures Could be Taken to Avoid Spreading HIV to Others?

Instructors: Give out and discuss Handout No. 1.8 to the class. This activity leads itself to discussion of many issues--discrimination against persons with HIV infection; the moral and ethical responsibilities of HIV-infected individuals, etc. These issues will be discussed in Session Three. However, if time permits, have the large group respond to these issues.

Testing positive for HIV antibodies requires that moral and ethical decisions be made. The U.S. Public Health Service recommends the following measures to reduce the likelihood of infecting others with the AIDS virus.

These recommendations apply to anyone who thinks he/she might be HIV infected, regardless of whether or not he/she has had his/her blood tested:

- Do not donate blood, plasma, sperm, body organs, or other tissues.
- Limit your sexual contacts and be frank with your sexual partners about the steps you are taking to prevent the spread of the virus. Using a condom or dental dam may help in this regard.
- Sexual practices should be avoided in which body fluids such as semen, blood and vaginal secretions are exchanged.
- HIV has been found in saliva of some infected people, and it may be possible that the virus could be transmitted by open mouth (French) kissing though this has not been documented. HIV could possibly be transmitted through oral sex too; however, the mode of transmission in oral sex is likely to be the semen or vaginal secretions rather than the saliva. Such contact may need to be modified.
- There is no evidence that the virus can be spread through casual kissing or other casual social contacts, such as hugging. Such contacts with other people at work or in the community do not need to be modified.
- Toothbrush, razors or other implements that could become contaminated with blood should not be shared.

- If you are a drug user:
  - -- get help to stop
  - -- limit your drug use
  - -- do not let others use needles you have used and do not use someone else's needles
  - -- do not leave your needles around where others might pick them up
  - -- sterilize your needles/syringes before using them again with 1 part of bleach mixed in with 10 parts of water. (For example, put one teaspoon of bleach into 10 teaspoons of water)

- If you are a woman with a positive antibody test, it would be advisable to avoid pregnancy or postpone pregnancy until more is learned about the risks to you and your baby.

ACTIVITY NINE

What Are the Myths and Misunderstandings Associated With AIDS? How HIV is NOT spread)

Objective: Discuss and dispel the myths that surround the transmission of HIV. Identify quackery and propaganda that surrounds AIDS.

Objective: Find out where to get AIDS facts.

Methodology: Large Group Discussion
Small Group Work
Lecture

Materials: Handout No. 1.1, The Subject is AIDS: Pre-test and Post-test Questionnaire
Handout No. 1.2, AIDS: Fight Fear with Facts
Transparency No. 1.9, AIDS: Fight Fear with Facts

Equipmnent: Overhead projector/screen

What Are Myths and Misunderstandings Associated With AIDS?

Instructor: Ask the participants to share their answers from the questionnaire (Handout No. 1.1, The Subject is AIDS: Pre-test and Post-test Questionnaire). Additionally, ask the participants what other "myths" they have heard. Refer to any myths listed on the board. You can address the myths in a large group discussion or assign myths to small groups to discuss. If small groups are used, have the group identify the fear within the myth and develop an

educational position to dispel the myth. This will be presented to the class. To facilitate discussion, use Handout No. 1.2 and Transparency No. 1.9, AIDS: Fight Fear with Facts. If participants don't know the answers or are misinformed, provide them with the correct information. NOTE: All the answers are **true** for Handout No. 1.1.

Misinformation, fear, sensationalism, and demagoguery surround the AIDS issue. The only way to separate facts from fiction is to learn how AIDS is NOT spread. A common joke is: "What can be spread by casual contact: AIDS or AIDS hysteria?" The answer: AIDS hysteria.

The most common myths are:

1. MYTH: AIDS is a disease of male homosexuals and intravenous drug addicts; other people have nothing to worry about.

2. MYTH: AIDS can be transmitted by casual contact with an infected person -- by a handshake, a cough, or a sneeze or by sharing food, dishes, bathrooms, and swimming pools.

3. MYTH: You can get AIDS by donating blood.

4. MYTH: Receiving a blood transfusion places you at high risk for AIDS.

5. MYTH: Children with AIDS should be barred from schools to protect other children.

6. MYTH: AIDS can be spread by mosquitoes and bedbugs.

7. MYTH: Kissing is very dangerous and can pass the virus that causes AIDS.

8. MYTH: In hospitals that treat people with AIDS, staff and other patients alike are in great danger of getting the disease.

9. MYTH: Everyone who tests positive on the AIDS antibody test has AIDS.

10. MYTH: The best way to stop the spread of AIDS would be to quarantine all persons testing positive to the AIDS antibody test.

Mervyn Silverman, national spokesperson for the San Francisco-based American Foundation for AIDS Research said, "If students don't inject drugs from dirty needles and practice safe sex, they're more likely to be hit by lightning than to get AIDS."

THE ONLY WAY THAT AIDS IS CURRENTLY KNOWN TO BE SPREAD IS THROUGH THE EXCHANGE OF BLOOD, SEMEN AND VAGINAL SECRETIONS, AND BREAST MILK. (See Activity Six and Seven). HIV is very fragile. This virus is easily killed outside the body with household bleach in a solution of one part bleach to ten parts water. It does not survive outside the body for any length of time.

There is no current evidence that HIV can be transmitted through teardrops, saliva, sweat, sneezing, coughing, hugging, kissing, toilet seats, mosquitoes, handshaking or anything else except through sex, sharing IV needles, direct infusion of infected blood or blood products, and from infected mother to the unborn or new-born child.

Where Can You Obtain Facts About AIDS?

The only effective way to sort out the myths from the facts is to get information from **reliable sources.** These sources are:

- physicians who have actual working knowledge of the disease
- Center for Disease Control in Atlanta, Ga.
- National AIDS Hotline: 1-800-342-AIDS
- N.C. Department of Environment, Health and Natural Resources, Division of Health Services, 1-919-733-7301
- AIDS Service Organizations
- Instructor: LIST LOCAL SOURCES FOR PARTICIPANTS.

ACTIVITY TEN

Preview Session Two

Methodology: Large Group Discussion

Materials: Not needed

Instructor: Briefly preview Session Two. Point out that Session Two will be a "practice" session. The group will do role plays, brainstormings, and problem-solving in situations specifically designed to use the information learned in Session One.

Ask for any questions relating to Session One. Respond.

Adjourn

SESSION ONE: OBJECTIVES

1. Describe the spectrum of HIV infections: asymptomatic carriers, AIDS-related complex (ARC), acquired immunodeficiency syndrome (AIDS), and list current and forecasted data.

2. Define the terms human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC), and asymptomatic carriers.

3. Understand the process of infection by HIV.

4. Discuss current medical research and the status of treatment, cure, and vaccinations.

5. Identify the body fluids that host HIV and are vehicles of transmission.

6. Understand how HIV is transmitted from person to person. Identify the routes of transmission.

7. Understand that HIV is a virus that can infect anyone.

8. Define personal health behaviors that put a person at risk.

9. List strategies that could prevent the transmission of HIV.

10. Identify safe, possibly safe, and unsafe sex practices.

11. Identify the procedure for testing for the HIV. Understand the accuracy of the ELISA and Western Blot tests for HIV.

12. Recognize the issues of discrimination against persons who are infected with HIV.

13. List and discuss the precautions that can be taken by someone who is, or may be, infected with HIV.

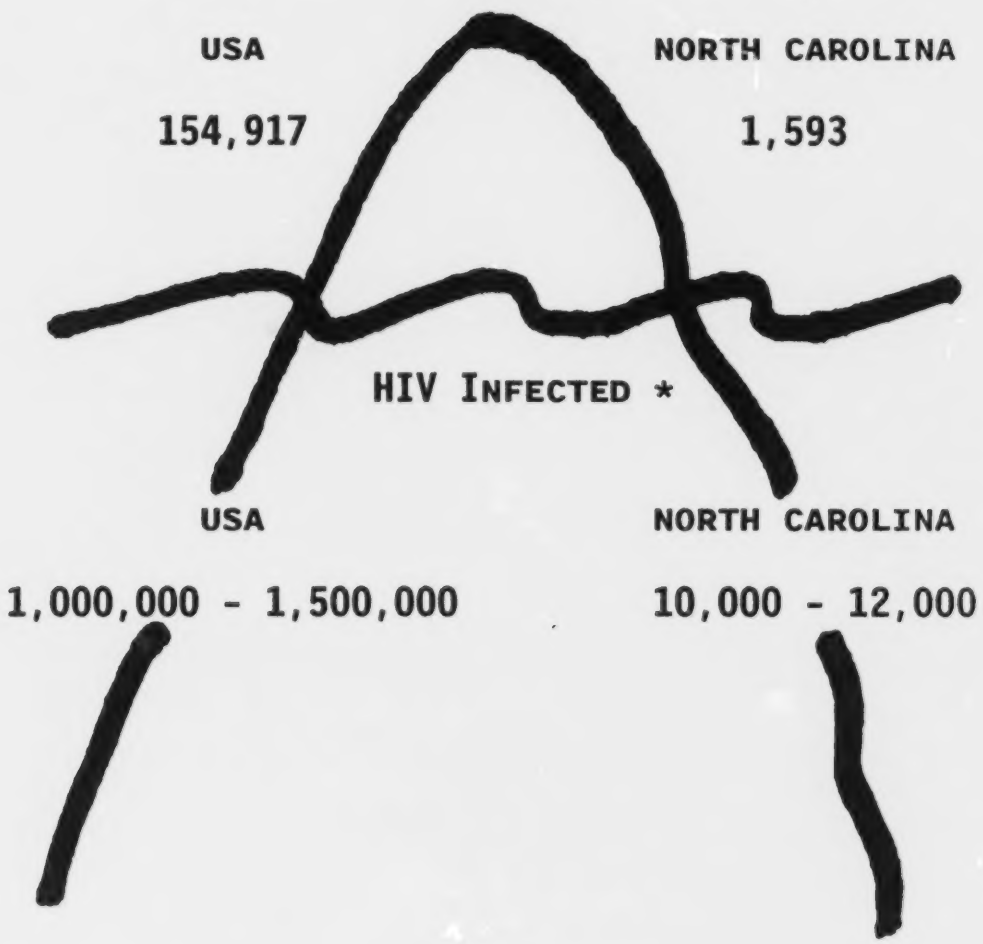
14. Discuss and dispel the myths that surround the transmission of HIV. Identify quackery and propaganda that surround AIDS.

15. Find out where to get the facts about AIDS.

Transparency No. 1.1

AIDS

TIP OF THE ICEBERG



* Estimates from N.C. AIDS Control Branch - (1990)

TRANSPARENCY NO. 1.2

1.26 / 1.27

COMMON SYMPTOMS OF AIDS

1. UNEXPLAINED AND PROLONGED TIREDNESS

2. RAPID, UNEXPLAINED WEIGHT LOSS (GREATER THAN 10 LBS.)

3. UNEXPLAINED PROLONGED FEVER AND CHILLS

4. DRENCHING NIGHT SWEATS LASTING MORE THAN SEVERAL WEEKS

5. PERSISTENT DIARRHEA OR BLOODY STOOLS

6. PERSISTENT DRY COUGH (NOT CAUSED BY COLD, FLU, ALLERGIES OR SMOKING)

7. PERSISTENT CHEST PAIN OR SHORTNESS OF BREATH

8. TROUBLE SWALLOWING OR SEVERE HEARTBURN THAT PERSISTS

9. WHITE SPOTS, BUMPS, OR UNUSUAL MARKS ON THE TONGUE OR MOUTH (WITH A SORE THROAT); THESE MAY ALSO BE FOUND IN THE NOSE, EYELIDS, OR RECTUM

10. SWOLLEN GLANDS, USUALLY IN THE NECK, ARMPITS OR GROIN (USUALLY WITHOUT PAIN)

11. PINK, BLUE, OR PURPLE BLOTCHES ON THE SKIN, INSIDE THE MOUTH, NOSE, EYELIDS, OR RECTUM; THEY MAY LOOK LIKE BRUISES BUT THEY DON'T GO AWAY

1.28 / 1.29

TRANSPARENCY NO. 1.3

AIDS In the Body

1.

AIDS virus introduced into the body.

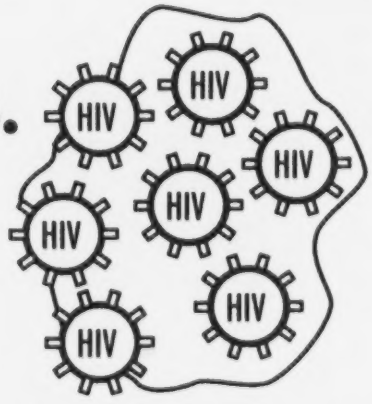
2.

AIDS virus attacks white blood cells called helper T-Cell.

OR

3.

AIDS virus can live in a white cell a long time, doing nothing. In this situation, the person is an "asymptomatic carrier" and can infect others.

4. 

AIDS virus turns white cell into an AIDS factory. More AIDS viruses are released into the body, which attatch to and destroy other white cells, and ultimately the body's immur.e system. AIDS related syptoms appear. Carrier is frequently sick.

HOW DOES ONE BECOME EXPOSED TO HIV

SEXUAL CONTACT

SHARING CONTAMINATED NEEDLES (IV DRUG USE)

BLOOD-BORNE TRANSMISSION

MOTHER TO INFANT

1.32 / 1.33

TRANSPARENCY No. 1.5

WHAT ARE THE PERSONAL HEALTH BEHAVIORS THAT DETERMINE RISK?

BASICALLY, EXPERTS ARE NOW SAYING THAT ANYONE WITH THE FOLLOWING SEXUAL PRACTICES ARE AT RISK:

- SEX WITH MANY PARTNERS
- UNPROTECTED SEX WITH ANYONE, ESPECIALLY IF YOU DON'T KNOW THEIR SEXUAL OR DRUG-USING HISTORY
- ORAL/GENITAL CONTACT
- EXCHANGING BODY FLUIDS SUCH AS BLOOD, SEMEN, VAGINAL SECRETIONS
- ENGAGING IN SEXUAL ACTIVITIES THAT MAY INJURE OR TEAR TISSUES OF THE PENIS, VAGINA, OR ANUS
- UNPROTECTED ANAL OR VAGINAL INTERCOURSE WITH A PENIS, FINGER(S), TONGUE, OR SEX TOY(S)
- SHARING SEX TOYS

OTHER BEHAVIORS THAT PUT AN INDIVIDUAL AT RISK:

- SHARING NEEDLES WHEN SHOOTING DRUGS

TRANSPARENCY NO. 1.6

1.34 / 1.35

SAFER SEX

SAFE SEX IS SOMETHING POSITIVE THAT PEOPLE CAN DO TO MAKE A DIFFERENCE IN SLOWING THE SPREAD OF AIDS. IT IS AN APPROACH THAT MAKES EACH PERSON RESPONSIBLE FOR HIS/HER OWN SEXUAL HEALTH. SAFE SEX RECOMMENDATIONS ARE:

MUTUALLY FAITHFUL, SINGLE-PARTNER RELATIONSHIPS MAY OFFER THE BEST PROTECTION FOR HIV INFECTION, SHORT OF ABSTINENCE.

IF YOU ARE SEXUALLY ACTIVE, AVOID ENGAGING IN UNPROTECTED SEXUAL ACTIVITIES THAT COULD EXPOSE YOU TO THE VIRUS. THIS MEANS:

- PROTECT YOURSELF DURING SEXUAL ACTIVITY BY USING CONDOMS OR DENTAL DAMS. NOTE: DENTAL DAMS ARE FLAT LATEX SQUARES THAT CAN BE PLACED OVER A WOMAN'S GENITAL AREA TO PREVENT THE ESCAPE OF VAGINAL SECRETIONS. DENTAL DAMS CAN BE OBTAINED FROM DENTISTS OFFICES, PHARMACIES, MAIL-ORDER CATALOGS. ALSO, A CONDOM CAN FUNCTION AS A DENTAL DAM IF YOU CUT DOWN THE MIDDLE OF ONE AND ROLL IT OUT FLAT.

- USE SPERMACIDES AND CONDOMS LUBRICATED WITH 6.5% NONOXYNOL-9 WHICH KILLS THE VIRUS.

- DO NOT EXCHANGE BODY FLUIDS SUCH AS BLOOD, SEMEN, OR VAGINAL SECRETIONS DURING SEX.

- KNOW THE SEXUAL AND DRUG-USING HISTORY OF YOUR SEXUAL PARTNER.

IF YOU ENGAGE IN SEXUAL ACTIVITY WITH AN HIV-INFECTED PERSON, THE SAME SEX RECOMMENDATIONS LISTED ABOVE SHOULD BE APPLIED. HOWEVER, THE LEAST RISKY SEXUAL ACTIVITIES ARE THOSE THAT DON'T INVOLVE VAGINAL OR ANAL INTERCOURSE (WHETHER BY PENIS, FINGER(S), OR SEX TOYS) AND THAT DON'T INVOLVE ORAL-GENITAL CONTACT.

TRANSPARENCY NO. 1.7

436 / 1.37

DRUG USE -- PREVENTION OF HIV INFECTION

THOSE WHO ARE USING DRUGS ARE AT RISK FOR HIV INFECTION. THE BEST PROTECTION FROM HIV INFECTION IS:

STOP SHOOTING DRUGS -- GET HELP TO OVERCOME YOUR ADDICTION

IF YOU DO USE DRUGS, DO NOT SHARE NEEDLES OR WORKS. STERILIZE NEEDLES OR WORKS WITH CHLOROX IF YOU MUST SHARE NEEDLES OR WORKS, OR IF YOU ARE NOT SURE WHETHER THEY ARE CLEAN.

DON'T RENT WORKS. HIDDEN BLOOD LEFT ON DRUG APPARATUS CAN TRANSMIT AIDS IF THE HIV IS PRESENT.

TRANSPARENCY NO. 1.8

1.38 / 1.39

AIDS: FIGHT FEAR WITH FACTS

Ten Common Myths About AIDS

1. Myth: AIDS is a disease of male homosexuals and intravenous drug addicts; other people have nothing to worry about.

2. Myth: AIDS can be transmitted by casual contact with an infected person -- by a handshake, a cough or a sneeze, or by sharing food, dishes, bathrooms, and swimming pools.

3. Myth: You can get AIDS by donating blood.

4. Myth: Receiving a blood transfusion places you at high risk for AIDS.

5. Myth: Children with AIDS should be barred from schools to protect other children.

6. Myth: AIDS can be spread by mosquitoes and bedbugs.

7. Myth: Kissing is very dangerous and can pass the virus that causes AIDS.

8. Myth: In hospitals that treat people with AIDS, staff and other patients alike are in great danger of getting the disease.

9. Myth: The best way to stop the spread of AIDS would be to quarantine all persons testing positive to the AIDS antibody test.

Transparency No. 1.9

1.40 / 1.41

THE SUBJECT IS AIDS

Pre- and Post-test Questionnaire

How much do you know about AIDS? Take the following true/false test before you see the film THE SUBJECT IS AIDS and then again after you've seen it.

Pre-Test T	Pre-Test F		Post-test T	Post-test F
___	___	1. AIDS is caused by a virus	___	___
___	___	2. You can get infected with the AIDS virus from sharing works (needles).	___	___
___	___	3. You can get infected from having sexual intercourse (anal and vaginal) with infected people.	___	___
___	___	4. People can be infected with the virus and not know it.	___	___
___	___	5. Condoms (rubbers) are a good way to protect yourself from getting AIDS.	___	___
___	___	6. I can be around someone with AIDS and not have to worry about becoming infected, providing I don't have sex with them or share needles with them	___	___
___	___	7. The AIDS virus is found in blood and semen.	___	___
___	___	8. AIDS can infect anyone. It is not a disease which affects gay men.	___	___
___	___	9. Mothers can transmit the virus to their unborn babies.	___	___
___	___	10. I cannot get the virus from touching things, such as doorknobs, toilet seats, bathtubs, spoons, make-up, towels, cups or other objects.	___	___
___	___	11. Having many sex partners increase the chance of getting infected with the AIDS virus.	___	___
___	___	12. Not having sex is one good way to protect yourself.	___	___

AIDS: FIGHT FEAR WITH FACTS
BE A MYTH BUSTER

TEN COMMON MYTHS ABOUT AIDS

1. **MYTH:** AIDS is a disease of male homosexual and intravenous drugs addicts; other people have nothing to worry about.

   FACT: As of September 1987, 41,000 cases of AIDS had been reported in the U.S. Although 90 percent of these have occurred among gay or bisexual men and intravenous drug users, more than 1600 persons have contracted AIDS through heterosexual contact. **Anyone who engages in unprotected sex or shares needles and syringes can get AIDS.** Furthermore, there are over 550 children who have contracted AIDS. Most of these children were born to parents who were infected with the AIDS virus.

2. **MYTH:** AIDS can be transmitted by casual contact with an infected person - by a handshake, a cough or a sneeze, or by sharing food, dishes, bathrooms, and swimming pools.

   FACT: All evidence indicates that the AIDS virus cannot be transmitted by air, food, or water and that it cannot penetrate intact human skin. It is spread by unprotected sexual intercourse, by sharing intravenous needles and syringes, and from an infected mother to her unborn child. There is not a single documented case of AIDS transmitted by routine contact at home, work, or school. In numerous studies of families caring for AIDS patients at home, AIDS has never occurred in a family member who was not the sexual partner of an infected person or the newborn child of an infected woman.

3. **MYTH:** You can get AIDS by donating blood.

   FACT: There is no risk of AIDS in giving blood, though fear of getting AIDS in this way has created serious shortages in blood banks across the nation. When you donate blood, no substance enters your veins. The sterile needle used to draw your blood is immediately discarded after this one use. No donor ever uses it again.

4. **MYTH:** Receiving a blood transfusion places you at high risk for AIDS.

   FACT: Before April 1985, when we began screening blood for antibodies to the AIDS virus, a small number of people who received blood transfusions became infected. The blood supply is now as safe as modern science can make it. All blood is tested and people who might be at risk for AIDS are discouraged from donating. The chances of contaminated blood slipping through this net are estimated at less than one in 100,000 transfusions.

5. **MYTH:** Children with AIDS should be barred from schools to protect other children.

   FACT: AIDS is not transmitted by casual contact in any setting and scientists know of no case of AIDS ever transmitted from one child to another at school. Certain circumstances may require special educational arrangements for a child with AIDS **(for instance, if the student has lost control of bodily functions or has open, oozing wounds)**, but the vast majority of children infected with the AIDS virus can attend school without posing any risk to their classmates or teachers.

6. **MYTH:** AIDS can be spread by mosquitoes and bedbugs.

   FACT: No case of AIDS has ever been traced to insect bites, and there is every reason to think that transmission in this manner cannot occur. The AIDS virus is scarce even in infected blood, and the amount of blood on an insect's mouth is tiny. Moreover, if insect bites could spread AIDS, many more people would be infected - including the very young, the very old and those who abstain from sex and drugs. Mosquitoes bite anyone they can, but AIDS has only affected those who engage in certain risky behaviors and children of infected women.

7. **MYTH:** Kissing is very dangerous and can pass the virus that causes AIDS.

   FACT: Of the 41,000 cases of AIDS in the U.S. not one has been traced to kissing or saliva transmission. The AIDS virus rarely appears in the saliva of infected persons and then in very tiny amounts. Furthermore, in the household studies of people living with AIDS patients no one became infected after sharing food, dishes, or glasses. Children with AIDS mouthed toys and shared them; they even bit uninfected brothers and sisters. They still did not pass the virus. Because scientists have found tiny amounts of the virus in a few people, public health officials say that dry kissing is safer than deep intimate kissing. But remember, there is still no evidence that kissing or other behaviors that might involve the exchange of saliva can spread the virus.

8. **MYTH:** In hospitals that treat people with AIDS, staff and other patients alike are in great danger of getting the disease.

   FACT: For the same reasons that AIDS is not transmitted in a family setting, it is unlikely to be spread in a hospital setting. AIDS patients are mainly admitted to hospitals because they are suffering from life-threatening infections. As with other infected patients, the hospital staff use special procedures for handling blood and body fluids and for cleaning hospital equipment. Furthermore, over 2,000 health care workers in the U.S. have experienced accidental spills of body fluids of AIDS patients or have been stuck accidently by contaminated needles. Of these, fewer than half of one percent have become infected with the AIDS virus. None of them has AIDS.

9. **MYTH:** Everyone who tests positive on the AIDS antibody test has AIDS.

FACT: Testing positive does not mean that a person has AIDS or will develop AIDS. It does mean the person has been infected with the virus that can cause AIDS. Current information suggests that 20-30 percent of those who test positive will develop AIDS in 5 years. Persons with a positive antibody test should assume that they can infect their sexual partners and persons with whom they share needles and syringes.

10. **MYTH:** The best way to stop the spread of AIDS would be to quarantine all persons testing positive to the AIDS antibody test.

FACT: Since AIDS is not a disease that is casually transmitted, quarantine is not likely to be helpful except where people refuse to follow measures to control the spread of AIDS. AIDS-infected people can continue to contribute in the workplace, pursue an education, and interact on a daily basis without placing others at risk of contracting the disease. Human suffering aside, keeping people in lifelong quarantine would divert tax money that could better be spent on AIDS education and research.

For more information about AIDS, call your local AIDS Service Organization, health department or call toll free:

NATIONAL AIDS HOTLINE
1-800-342-AIDS

N.C. Department of Environment, Health and Natural Resources
Division of Health Services
AIDS Program
(919) 733-7301

AIDS: TERMS AND DEFINITIONS

The necessary vocabulary for discussing and understanding AIDS is:

AIDS - Acquired Immunodeficiency Syndrome or Acquired Immune Deficiency Syndrome

Acquired:	Disease is passed from one person to another. It is not hereditary in nature.
Immune:	The body's defense system, which protects us from disease.
Deficiency:	Immune deficiency means the defense system is not working, or working inadequately.
Syndrome:	A group of symptoms which, when they occur together, means a person has a particular disease or condition.

AIDS is a serious condition characterized by a defect in natural immunity against disease. With this loss in immune response, the individual falls prey to a host of what are called "opportunistic infections." There are only a few specific diseases that the Centers for Disease Control (CDC) recognize as proof of full-blown AIDS. These diseases are fatal. Many people have the AIDS virus but are not reported as having AIDS. AIDS is specifically transmitted through sexual contact, shared IV needles, direct infusion of infected blood or blood products, or from infected mother of unborn or newborn child.

ARC--AIDS Related Complex
ARC refers to the huge spectrum between full-blown AIDS and asymptomatic carriers. People with ARC don't have full-blown AIDS but do suffer from opportunistic infection. They have certain symptoms of lowered immunity, weight loss, and fatigue. About 25% to 30% of these people with ARC will progress to full-blown AIDS.

Asymoptomatic Carrier
People who test positive for the AIDS virus but do not have signs and symptoms of unusual illness. The virus is basically dormant, not interfering with immunity, not affecting a person's ability to fight infection. These individuals are the most dangerous to other people because they often don't know they're infected, so they continue their normal sexual practices and could be spreading the disease unwittingly to their partners.

HIV--Human Immunodeficiency Virus
Also known as HTLV-III (Human T-Lymphotropic Virus, type III) and LAV (Lymphadenopathy Associated Virus). HIV is the causative agent of the medical condition known as AIDS. Identified in April 1984, HTLV-III is the name ascribed by the U.S. researchers. LAV is the name for the virus identified in France in 1983. HIV was introduced as a compromise term in May 1986.

Opportunistic Infections
Illnesses which would not be a threat to anyone whose immune system was functioning normally. Some opportunistic infections that are related to AIDS are: Kaposi's Sarcoma (KS), Pneumocystis Carinii Pneumonia (PCP), etc.

PRACTICING SAFE SEX

Safe Sex is something positive that people can do to make a difference in slowing the spread of AIDS. It is an approach that makes each person responsible for his/her own sexual health.

1. Mutually faithful, single-partner relationships may offer the best protection for HIV infection, short of abstinence.

2. If you are sexually active, avoid engaging in unprotected sexual activities that could expose you to the virus. This means:

   - Protect yourself during sexual activity by using condoms or dental dams. Note: Dental Dams are flat latex squares that can be placed over a woman's genital area to prevent the escape of vaginal secretions. Dental dams can be obtained from dentists' offices, pharmacies, mail-order catalogs. Also, a condom can function as a dental dam if you cut down the middle of one and roll it out flat.

   - Use spermacides and condoms lubricated with 6.5% nonoxynol-9 which kills the virus.

   - Do not exchange body fluids such as blood, semen, or vaginal secretions during sex.

   - Know the sexual and drug-using history of your sexual partner.

3. If you engage in sexual activity with an HIV-infected person, the same sex recommendations listed above should be applied. However, the least risky sexual activities are those that don't involve vaginal or anal intercourse (whether by penis, or finger(s)), and that don't involve oral-genital contact.

WHAT DO YOU KNOW ABOUT SAFER SEX?

The following behaviors apply to men and women regardless of sexual orientation. Rate the following by putting a check mark in the appropriate column:

	SAFE	SAFER	UNSAFE
Sexual abstinence	____	____	____
Fantasy	____	____	____
Mutual masturbation	____	____	____
Social kissing	____	____	____
Body massage	____	____	____
Body-to-body rubbing	____	____	____
Using your own sex toys	____	____	____
Anal intercourse with condom	____	____	____
Interrupted fellatio (Oral sex on male)	____	____	____
Wet kissing	____	____	____
Urine contact	____	____	____
Vaginal intercourse with condom	____	____	____
Cunnilingus (oral sex on female)	____	____	____
Anal intercourse without condom	____	____	____
Manual-anal intercourse	____	____	____
Fellatio (oral sex on male)	____	____	____
Oral-anal contact	____	____	____
Vaginal intercourse without a condom	____	____	____
Sharing sex toys	____	____	____
Sharing needles	____	____	____

1.52 / 1.53

Handout No. 1.5

What Do You Know About Safer Sex?
(Answers)

The following behaviors apply to men and women regardless of sexual orientation. Rate the following by putting a check mark in the appropriate column. See Glossary (Handout No. 1.7) for definitions and explanation.

	SAFE	SAFER	UNSAFE
Sexual abstinence	X		
Fantasy	X		
Mutual masturbation	X		
Social kissing	X		
Body massage	X		
Body-to-body rubbing	X		
Using your own sex toys	X		
Anal intercourse with condom		X	
Interrupted fellatio (Oral sex on male)		X	
Wet kissing		X	
Urine contact		X	
Vaginal intercourse with a condom		X	
Cunnilingus (Oral sex on female)		X	
Anal intercourse without condom			X
Manual-anal intercourse			X
Fellatio (oral sex on male)			X
Oral-anal contact			X
Vaginal intercourse without condom			X
Sharing sex toys			X
Sharing needles			X

1.54 / 1.55

Handout No. 1.6

What Do You Know About Safer Sex?
(Glossary)

The following is a short definition of the terms/behaviors used on the questionnaire for safe, safer, and unsafe.

SAFE.....

. **Sexual abstinence**
Not having sex with another person.

. **Fantasy**
The brain is the most versatile sexual organ. It can create images and use words to arouse, delight, and satisfy. Sharing fantasies can substitute for high-risk practices.

Most of the following activities involve only skin-to-skin contact. Transfer of the virus is unlikely from one person to another unless there are breaks in the skin:

. **Mutual masturbation (male or female)**
Manually stimulating the genitals is safe if the semen contacts healthy skin. The contact of semen with open cuts or sores is not safe. Vaginal secretions should not come in contact with open sores on the partner's hand.

. **Social kissing (dry)**

. **Body massage (hugging)**

. **Body-to-body rubbing (frottage)**

. **Using your own sex toys**

SAFER.....

In these activities, small amounts of certain body fluids, such as semen, blood, or vaginal secretions, may be exchanged causing some risk. This risk increases with the number of partners.

. **Anal intercourse with a condom**
There should be little chance for transfer of virus from one person to another if the condom does not break and no semen spills into the rectum. The risk is further reduced if you withdraw before climax. Use only water-based lubricants with condoms. Using an oil-based lubricant, like Crisco or other vegetable and mineral oils, weakens the latex and makes a condom more likely to break.

* **Fellatio (oral sex on a man) that is interrupted** oral sex without a condom is particularly risky for spreading HIV. As long as ejaculation doesn't take place in the mouth, unprotected oral sex probably does not transfer HIV. Prejaculatory fluid ("pre-cum") may contain the AIDS virus and therefore presents a risk. If mouth or genital sores are present, risk is increased. Likewise, action which causes mouth or genital injury increases risk.

. **Wet kissing**
Saliva has been found to contain very small amounts of HIV. If neither person has open cuts or sores of the mouth, tongue, or lips, dry kissing is probably safe. However, deep kissing or open mouth kissing may carry some risks.

. **Urine contact (watersports)**
If urine contacts only the unbroken skin, risk may be low. Urine should not be taken by mouth or rectum.

. **Vaginal intercourse with a condom**
The same precautions should be observed as with anal intercourse with a condom. Use of dental dam is recommended.

. **Cunnilingus (oral sex on a woman)**
It is known that vaginal secretions and saliva contain HIV; therefore there is some risk. If a woman is having her period, risk is probably increased since HIV can be found in blood.

UNSAFE.....

These activities involve tissue injury and/or exchange of body fluids which may transmit HIV or other viruses and germs.

. **Anal intercourse without a condom**
HIV can be transmitted through semen, as well as blood, and perhaps feces. During anal intercourse, injury occurs to rectal tissue, allowing direct access of semen or pre-cum to the bloodstream. Studies have shown that it may be less risky for the insertive partner than the receptive partner since no semen is received by the insertive partner. However, the risk of exposure to both blood and feces, which carry the virus, is high and other sexually transmitted diseases are acquired in this manner. Anal intercourse without a condom is considered a high-risk practice for both partners.

. **Manual/anal intercourse**
Also known as "fisting." Involves the hand (or fist) of partner being inserted into the anus. This is very dangerous because the internal tissue can be easily bruised or torn which would allow direct access of semen to the bloodstream if followed by anal intercourse. The insertive partner's hand is exposed to blood or blood contaminated feces and infectious agents may enter through breaks in the skin. Manual/anal intercourse is considered unsafe for both the insertive and receptive partners.

. **Fellatio (oral sex on a man)**
If semen is swallowed, risk is increased because HIV can be transmitted in semen. HIV may be absorbed through membranes in the mouth, especially if sores are present. Risk is reduced by withdrawal before climax.

* **Oral-anal contact (contact between tongue and anus)**
HIV may be transmitted by blood-contaminated feces. This act will certainly transmit parasites, hepatitis, and various form of dysentry. Virus-infected saliva might transmit HIV to the receptive partner. If open fissures or sores exist, this risk is even greater.

. **Vaginal intercourse without a condom**
HIV has been transmitted to women whose sex partners were infected with the virus. HIV has also been transmitted from infected women to their sex partners. To protect both partners, condoms and dental dams should be used.

. **Sharing a needle or renting works**
HIV can be transmitted by blood. Sharing a needle (works) is common practice among intravenous drug users. Blood from one person is passed on to another. Even if the needle is not shared immediately, blood in the syringe's core does not dry up right away. Renting works is using someone else's needles for a fee. Both of these practices greatly increase the risk of exposure to HIV.

. **Sharing sex toys**
Blood or feces on sex toys may spread HIV.

PRECAUTIONS THAT CAN BE TAKEN BY HIV-INFECTED INDIVIDUALS

These recommendations apply to those who think they might be HIV infected, regardless of whether or not they have had their blood tested:

1. Do not donate blood, plasma, sperm, body organ, or other tissues.

2. Limit your sexual contacts and be frank with your sexual partners about the steps you are taking to prevent the spread of the virus. Using a condom or dental dam may help in this regard.

3. Sexual practices should be avoided in which body fluids such as semen, blood and vaginal secretions are exchanged.

4. HIV has been found in saliva of some infected people, and it may be possible that the virus could be transmitted by open mouth (French) kissing though this has not been documented. HIV could possibly be transmitted through oral sex too; however, the mode of transmission in oral sex is likely to be the semen or vaginal secretions rather than the saliva. Such contact may need to be modified.

5. There is no evidence that the virus can be spread through casual kissing or other casual social contacts, such as hugging. Such contacts with other people at work or in the community do not need to be modified.

6. Toothbrushes, razors, or other implements that could become contaminated with blood should not be shared.

7. **If you are a drug user:**

   - Do get help to stop.
   - Do limit your drug use.
   - Do not let others use needles you have used and do not use someone else's needles.
   - Do not leave your needles around where others might pick them up.
   - Sterilize your needles/syringes before using them again with one part of bleach mixed in with ten parts of water. (For example, put one teaspoon of bleach into ten teaspoons of water.)

8. If you are a woman with a positive antibody test, it would be advisable to avoid pregnancy or postpone pregnancy until more is learned about the risks to you and your baby.

SESSION TWO: PRACTICING PREVENTION

Objectives:

The goal of Session Two is to take the basic information presented in Session One and put it into a personal context so it can be used by the individual to prevent AIDS. The information presented is appropriate for the person who is NOT sexually active, as well as for the sexually active person.

At the end of Session Two, the participant will be able to:

1. Identify fun, safe, intimate practices that are appropriate for those who are sexually active as well as those who are not sexually active.

2. Discuss and understand basic information about condoms. (Their effectiveness in preventing sexually transmitted diseases (STD). How to buy, use, when to wear, how to take off, etc.)

3. Describe and employ effective strategies for managing situations in which a partner (date) insists on sex or unsafe sex practices.

To teach Session Two, you will need:

MATERIALS AND EQUIPMENT:

VCR (VHS) and monitor
Overhead projector
Condoms (one for each participant)
Spermicide: Nonoxonol-9
Banana or cucumber

AUDIOVISUALS:

Overhead transparencies
No. 2.1 Session Two - Objectives
No. 2.2 Tips on Buying a Condom
No. 2.3 How to Put On a Condom
No. 2.4 How to Take Off a Condom

HANDOUTS:

No. 2.1 Condom Facts Sheet
No. 2.2 How to Talk About "No Sex" and "Safe Sex" with A Resistant, Defensive, or Manipulative Partner

Also: See Resource Section for appropriate pamphlets that discuss the use of condoms and safe sex. Order one pamphlet for each participant.

POSSIBLE GUEST SPEAKERS:

1. Health Educator, Public Health Department, who teaches sex education in the public school
2. Community College personnel (school nurse, Dean of Students, etc.) who are well-educated about AIDS and sexual practices/problems of students
3. Educator from Planned Parenthood
4. AIDS-services organizations in North Carolina
5. See Resource section: Suggested Guest Speakers

Many local resources are listed and can provide speakers and/or facilitators to assist with this session.

SESSION TWO: PRACTICING PREVENTION

Agenda

Welcome

Activity 1: Review Session Two Objectives

Activity 2: Safe Intimacy

- Large Group: Safe Intimacies
- Small Group: Using Your Senses

Activity 3: Everything You Always Wanted to Know About a Condom, and more...

- What are Condoms?
- Why are Condoms Effective?
- How to Buy Condoms
- When to Wear a Condom
- Hands on: The Condom
- Demonstration: Putting on a Condom
- Taking a Condom Off
- Other Important Information

Activity 4: Putting Information to Work

- Negotiating Safe Intimacies with a Manipulative Partner
- How to Get a Guy to Put on a Condom

Activity 5: Preview Session Three

NOTE: Many of the activities in this session were adapted from educational material from:

Orange County Planned Parenthood
Chapel Hill, North Carolina

PREVENTING AIDS TOMORROW THROUGH EDUCATION TODAY

SESSION TWO

Practicing Prevention

Instructor: Welcome the participants back.

ACTIVITY ONE

Methodology: Large Group

Materials: Transparency No. 2.1, Session Two - Objectives

Equipment: Overhead projector/screen

Instructor: Using Transparency No. 2.1 review the objectives for this session.

ACTIVITY TWO

Safe Intimacy

Objective: Identify fun, safe, intimate practices that are appropriate for those who are sexually active as well as those who are not sexually active.

Methodology: Large Group Discussion
Brainstorming
Small Group Work

Equipment: Flip chart or blackboard

Large Group Work: Safe Intimacies

Instructor: Ask the large group to brainstorm sexual activities that the whole group agrees are safe and appropriate. Refer to material in Session One, Activity Seven. (Handouts No. 1.6, What Do You Know About Safer Sex? (Answers) and 1.7, What Do You Know About Safer Sex? (Glossary))

Small Group Work: Using Your Senses

Instructor: When the large group runs out of suggestions, divide the participants into three groups. Each group is charged with the task of brainstorming all the ways to be erotic using the "sense(s)" assigned to them. Provide an example for each group. Group assignments are:

Group One: "taste and smell"
Group Two: "see and hear"
Group Three: "touch"

The three groups have 10-15 minutes to come up with new, usable, safe, intimate practices that are appropriate for persons to enjoy with each other.

Regroup into a large group. Have a reporter from each group report back appropriate activities. Add the activities that the group approves of to the list already on the board.

ACTIVITY THREE

Everything You Always Wanted To Know About A Condom, and More

Objective: Discuss and understand basic information about condoms, their effectiveness in preventing HIV transmission, how to buy, use, and store them correctly, and other important information about condoms.

Methodology:
Lecture
Large Group Discussion
Individual Work
Demonstration: How to Put on a Condom

Materials:
Transparency No. 2.2: Tips on Buying Condoms
Transparency No. 2.3: How to Put on a Condom
Transparency No. 2.4: How to Take Off a Condom
Handout No. 2.1: Condom Facts Sheet

Equipment:
Overhead projector
Banana or Cucumber
Condoms (one for each participant)
(Ask local Health Department or Planned Parenthood to help make supply available at minimal cost)

Instructor: Statistics state that many college-age students are sexually active. Because it is probably safe to assume that these statistics are speaking about some of the participants, the group must discuss safe sex and the use of condoms. Although some of the participants may not be sexually active, the information presented in this activity will be useful when that participant is considering sex.

What are Condoms?

Many names have been given to condoms: rubbers, gloves, prophylactics, bags, skins, raincoats, sheaths, french letters, etc. Regardless of what one calls them, condoms are: a rubber cover used over the penis during sexual activity to prevent the exchange of semen and offering protection against HIV infection, other STDS, and unwanted pregnancies.

Some condoms are colored, some have ribs or bumps. They come either lubricated or non-lubricated. Some are designed to have a reservoir tip at the end; others are plain at the end. Condoms are made of either animal skin or latex.

Why are Condoms Effective?

Researchers have recently proven in laboratory tests that condoms, used correctly, can prevent HIV from escaping through the condom. If people are sexually active, not familiar with the sexual history of their partner, or have not been in mutually monogamous relationship since 1978, then they need to use condoms when having sex to assure prevention of HIV exposure.

How to Buy Condoms

"Did you hear about the guy who went into the drug store and asked for a pack of condoms and (in a whisper) a pack of cigarettes?"

Condoms are not difficult to buy. They are available in most drug stores. You do not need to have a prescription to buy them. (Use Overhead No. 2.2, Tips on Buying a Condom) Important when buying condoms:

Buy enough condoms so you have one with you at all times.

Buy <u>latex, reservoir-end</u> (a nipple to catch the semen) type condoms. Only latex prevents passage of harmful germs and HIV.

If you use a lubricant, <u>use only water-based lubricants</u> (Example: K-Y Jelly). Oil or alcohol lubricants can weaken latex and can make the condom break.

Use the spermicide nonoxynol-9. This spermicide provides a chemical barrier that is very effective in killing the AIDS virus.

Condoms have a date on the outerpackage, the inner wrapping, or on the condom itself. This is the date that the condom was made. If you keep the condoms in a cool, dry place, they will last about 2 years. DO NOT STORE IN THE GLOVE COMPARTMENT OF THE CAR OR KEEP IN YOUR WALLET FOR LONG PERIODS OF TIME.

There are many different kinds of condoms to choose from. They come in many styles and shapes and colors. The size, color, and style (ribbed or plain) are not the qualities that will protect you from AIDS. Use a latex condom with nonoxynol-9, and put the condom on correctly for safe sex.

Some brands come in two sizes. Also, brands vary in size. You should try different brands to find one that fits snugly and comfortably. Complaining that the condoms are too small and hurt suggests that you should try different brands.

When to Wear a Condom

Wear a condom when you have sex so that semen cannot get inside the mouth, vagina, or anus, and to prevent the penis from contracting vaginal secretions or menstrual blood.

Put the condom on as soon as the penis gets hard since HIV could be present in pre-seminal fluid.

Hands On: The Condom

Condoms are strong, elastic and will stretch to fit any size penis.

Instructor: Pass out condoms to each participant. Providing a hands-on experience with a condom is the best way to teach this information. Sex educators have found that a hands-on experience does much in breaking down attitude barriers that exist because of ignorance.

- Have each participant examine the package, noting the date, latex, and lubricant or spermicide printed on the package. Pass a tube of nonoxynol-9 around for the participants to become familiar with it.

- Demonstrate how to open the package without tearing or puncturing the condom.

- Explain that to prevent STD and HIV infection, they would put a drop of spermicide (nonoxynol-9) inside the tip of the rubber. Water-based lubricants can be used to increase comfortable use of condoms. USE ONLY WATER-BASED LUBRICANTS; OIL OR ALCOHOL IN THE LUBRICANT CAN WEAKEN OR DAMAGE THE CONDOM.

- Have the participant take hold of 1/2" at the tip of the condom. This is the space for semen to go.

Live Demonstration: Putting The Condom On

(Use Overhead No. 2.3, "How to Put on a Condom". Do a demonstration using a banana or cucumber)

If they were putting the condom on a penis, they would:

1. Put the end against the head of the hard penis. If the penis is uncircumcised, pull back the foreskin first.
2. Put nonoxynol-9 spermicide in the tip of the condom.
3. Squeeze any air out of the tip of the condom.
4. Roll the condom all the way down to the base of the penis.
5. Gently smooth out any extra air.

- Have the participants carefully unroll the condom.

- When the condom is completely unrolled, have the participant put his/her hand inside and experience the elasticity of the latex condom. (Demonstrate this)

- Give the participants time to touch, feel, stretch the condom. Another activity is to have them blow the condom up like a balloon.

  THESE DEMONSTRATIONS ARE TO PROVIDE THE INFORMATION THAT CONDOMS ARE STRONG AND, WHEN USED CORRECTLY, WILL NOT BREAK BUT PROVIDE PREVENTION AGAINST HIV INFECTION.

Taking the Condom Off

(Use Overhead No. 2.4, "How to Take Off a Condom." Demonstrate this using the banana or cucumber.)

1. When the sex act is finished, pull out gently while the penis is still hard. Hold the condom at the base of the penis while pulling out so the condom doesn't leak or fall off.

2. Take the condom off carefully so the semen doesn't spill. Roll it off starting at the base of the penis.

3. Throw the condom away.

NEVER WEAR THE SAME CONDOM TWICE

WASH AFTER SEX

Other Important Information

When storing condoms:

- Store in a dry, cool place. (Glove compartments will damage the latex)
- Don't carry a condom in a hip wallet for long periods of time. This shortens its shelf-life.
- REMEMBER: CONDOMS DO NOT BREAK EASILY. If they break, it is usually because they have not been used the right way.

Instructor: Pass out Handout No. 2.1, Condom Facts Sheet, after completing Activity Five.

ACTIVITY FOUR

Putting Information to Work

Objective: Express and employ effective strategies for managing situations in which a partner (date) insists on sex or unsafe sex practices.

Methodology: Large group discussion
Small group work
Role play

Materials: Handout No. 2.2, How to Talk About "Sex" and "Safe Sex" with a Resistant, Defensive or Manipulative Partner

Equipment: Flip chart or blackboard

The most difficult time in any young person's life is the moment during the evening with a special person and the subject at hand is "sex." All the sex information from home, church, school, friends, and media comes into play

and important decisions need to be made. Incorrect decisions can result in irreversible, life-changing events such as AIDS. Like any important event, one should practice, rehearse, be prepared.

Negotiating Safe Intimacies with a Manipulative Partner

Instructor: Pass out Handout No. 2.2, How to Talk About "No Sex" and "Safe Sex" with a Resistant, Defensive, or Manipulative Partner. Divide the participants into dyads. Have them complete the handout. Allow about 10-15 minutes. Call the participants back into a large group. Going around the group, have the dyads "role play" a few of the responses they designed. Be sure that all participants get to be "respondents."

Ask the participants to add to the "manipulative partner" lines. When one is suggested, ask another participant to respond.

Ground Rules: Whatever the response may be, it should be realistic and "useable" in those awkward moments. The goal is to keep the relationship with the special person and not be forced into sex or unsafe sex.

How to Get a Guy to Put On a Condom

Divide the participants into small groups of 3 or 4. Make the groups all male or all female.

Have each group brainstorm for 10 minutes about ways to "Get a Guy to Put a Condom On." Or, what to do if a guy wants to use a condom, but his partner doesn't.

Report back to large group. List on flip chart or blackboard.

ACTIVITY FIVE

Preview Session Three

Methodology: Large Group Discussion

Instructor: Briefly preview Session Three. Point out that Session Three will look specifically at homophobia, discrimination against persons with AIDS, AIDS in the Black and Hispanic communities and other emotional issues and conflicts that surround AIDS. Myths and misunderstandings are explored. The politics, economics, and stress on our health care system which relate to AIDS are discussed.

Ask the participants to think about attitudes and prejudicies they associate with AIDS, and be prepared to discuss them at the next session.

Adjourn.

SESSION TWO: OBJECTIVES

THE GOAL OF SESSION TWO IS TO TAKE THE BASIC INFORMATION PRESENTED IN SESSION ONE AND PUT IT INTO A PERSONAL CONTEXT SO IT CAN BE USED BY THE INDIVIDUAL TO PREVENT AIDS. THE INFORMATION PRESENTED IS APPROPRIATE FOR THE PERSON WHO IS NOT SEXUALLY ACTIVE AS WELL AS FOR THE SEXUALLY ACTIVE PERSON.

AT THE END OF SESSION TWO, THE PARTICIPANT WILL BE ABLE TO:

1. IDENTIFY FUN, SAFE, INTIMATE PRACTICES THAT ARE APPROPRIATE FOR THOSE WHO ARE SEXUALLY ACTIVE AS WELL AS THOSE WHO ARE NOT SEXUALLY ACTIVE.

2. DISCUSS AND UNDERSTAND BASIC INFORMATION ABOUT CONDOMS.

   - THEIR EFFECTIVENESS IN PREVENTING STD
   - HOW TO BUY
   - HOW TO USE
   - WHEN TO WEAR
   - HOW TO TAKE OFF

3. DESCRIBE AND EMPLOY EFFECTIVE STRATEGIES FOR MANAGING SITUATIONS IN WHICH A PARTNER (DATE) INSISTS ON SEX OR UNSAFE SEX PRACTICES.

TRANSPARENCY NO. 2.1

2.12 / 2.13

TIPS ON BUYING CONDOMS

BUY ENOUGH CONDOMS SO YOU HAVE ONE WITH YOU AT ALL TIMES.

BUY LATEX, RESERVOIR-END (A NIPPLE TO CATCH THE SEMEN) TYPE CONDOMS. ONLY LATEX PREVENTS PASSAGE OF HARMFUL GERMS AND HIV.

IF YOU USE A LUBRICANT, USE ONLY WATER-BASED LUBRICANTS. OIL OR ALCOHOL LUBRICANTS CAN WEAKEN LATEX AND CAN MAKE THE CONDOM BREAK.

USE THE SPERMICIDE NONOXYNOL-9. THIS SPERMICIDE PROVIDES A CHEMICAL BARRIER THAT IS VERY EFFECTIVE IN KILLING THE AIDS VIRUS.

CONDOMS HAVE A DATE ON THE OUTERPACKAGE, THE INNER WRAPPING, OR ON THE CONDOM ITSELF. THIS IS THE DATE THAT THE CONDOM WAS MADE. IF YOU KEEP THE CONDOMS IN A COOL, DRY PLACE, THEY WILL LAST ABOUT 2 YEARS. DO NOT STORE IN THE GLOVE COMPARTMENT OF THE CAR OR KEEP IN YOUR WALLET FOR LONG PERIODS OF TIME.

THERE ARE MANY DIFFERENT KINDS OF RUBBERS TO CHOOSE FROM. THEY COME IN MANY STYLES AND SHAPES AND COLORS. THE SIZE, COLOR AND STYLE (RIBBED OR PLAIN) ARE NOT THE QUALITIES THAT WILL PROTECT YOU FROM AIDS. USE AS LATEX CONDOM WITH NONOXYNOL-9, AND PUT THE CONDOM ON CORRECTLY FOR SAFE SEX.

SOME BRANDS COME IN TWO SIZES. ALSO, BRANDS VARY IN SIZE. YOU SHOULD TRY DIFFERENT BRANDS TO FIND ONE THAT FITS SNUGLY AND COMFORTABLY. COMPLAINING THAT THE CONDOMS ARE TOO SMALL AND HURT SUGGESTS THAT YOU SHOULD TRY DIFFERENT BRANDS.

TRANSPARENCY NO. 2.2

2.14 / 2.15

HOW TO PUT ON A CONDOM

WHEN PUTTING A CONDOM ON A PENIS:

1. PUT THE CONDOM ON BEFORE THE PENIS IS NEAR THE VAGINA OR ANUS.

2. PUT THE CONDOM AGAINST THE HEAD OF THE HARD PENIS. IF THE PENIS IS UNCIRCUMCISED, PULL BACK THE FORESKIN FIRST.

3. PUT NONOXYNOL-9 SPERMICIDE IN THE TIP OF THE CONDOM.

4. SQUEEZE ANY AIR OUT OF THE TIP OF THE CONDOM.

5. ROLL THE CONDOM ALL THE WAY DOWN TO THE BASE OF THE PENIS.

6. GENTLY SMOOTH OUT ANY EXTRA AIR.

CONDOMS ARE STRONG

WHEN USED CORRECTLY, THEY WILL NOT BREAK

CONDOMS PROVIDE PREVENTION AGAINST AIDS

TRANSPARENCY NO. 2.3

2.16 / 2.17

HOW TO TAKE OFF A CONDOM

WHEN TAKING THE CONDOM OFF:

1. WHEN THE SEX ACT IS FINISHED, PULL OUT GENTLY WHILE THE PENIS IS STILL HARD. HOLD THE CONDOM AT THE BASE OF THE PENIS WHILE PULLING OUT SO THE CONDOM DOESN'T LEAK OR FALL OFF.

2. TAKE THE CONDOM OFF CAREFULLY SO THE SEMEN DOESN'T SPILL. ROLL IT OFF STARTING AT THE BASE OF THE PENIS.

3. THROW THE CONDOM AWAY.

NEVER WEAR THE SAME CONDOM TWICE

WASH AFTER SEX

TRANSPARENCY NO. 2.4

CONDOM FACTS SHEET

A group of people were asked for their reasons for not using condoms. The most common reasons given were:

Condoms interrupt lovemaking

Condoms reduce or eliminate sensations

Users are always aware of the condoms presence

Afraid that condom will come off, therefore can't make love in a vigorous fashion

But when the same group of people were asked about the positive role in sexual enjoyment, the most common reasons for using condoms were:

Placing the condom on the penis is a sexually arousing experience

Using the condom helps to prolong intercourse

Using lubricated condoms adds to the sensations

Mutuality of responsibility

When used correctly, prevention of sexually transmitted diseases and unwanted pregnancy

Economical

Convenient. Small, easy to carry.

To make condoms a more positive experience, you can:

Lubricate. Use lubricated condoms, but also use generous amounts of water-based lubricants. (Oil-based lubricants such as Vaseline and baby oil, disintegrate the latex of a condom, so they tend to break more easily. They are also difficult to clean off.)

Pour a small amount of lubricant (or spermicide: nonoxynol-9) into the reservoir tip before putting the condom on. This helps keep air out of the tip and greatly increases the sensation. The spermicide will kill any AIDS virus that is present in the semen.

Adapted from: Orange County Planned Parenthood

Handout No. 2.1

2.20 / 2.21

HOW TO TALK ABOUT "NO SEX" AND "SAFE SEX" WITH A RESISTANT, DEFENSIVE, OR MANIPULATIVE PARTNER

The Partner says:	You Can Say: *
1. "I know I'm clean (no disease) I haven't had sex with anyone in 6 months."	1. "Thanks for telling me. As far as I know, I don't have any disease either. Let's still use a condom since either of us could have an infection and not know it."
2. "If you loved me, you'd have sex with me."	2.
3. "I'm on the Pill, you don't need a condom."	3.
4. "Don't worry. I'll pull out before I ejaculate. You won't get anything."	4.
5. "I can't feel a thing if I wear a condom; its like wearing a raincoat in the shower."	5.
6. "I'll lose my erection by the time I stop and put it on."	6.
7. "We don't have much going for us if we don't make it at least once."	7.
8. "By the time you put it on, I'm out of the mood."	8.
9. "Hey baby, don't waste time messing with that."	9.
10. "Condoms are unnatural, fake, a total turnoff."	10.

Handout No. 2.2

2.22 / 2.23

11. "O.K., so you won't have sex without a condom and I won't have sex with one. What are we going to do about these loving feelings we have." 11.

12. "Do you think I'm some sort of disease or something?" 12.

13. "Everybody makes it. Why are you saying 'No Sex'?" 13.

14. "None of my other girlfriends (boyfriends) use condoms while making love? If we love each other we don't have to be afraid." 14.

15. "I love you! Would I hurt you?" 15.

16. "Just this once." 16.

17. "I don't have a condom with me." 17.

18. "You carry a condom around with you? You were planning to seduce me!" 18.

19. "I won't have sex with you if you're going to use a condom." 19.

20. "Real men don't use condoms! And real women don't manipulate us into using one." 20.

21. "This 'no sex' ('safe sex') is a total turn-off. What a waste of time this evening has been." 21.

Make up other dialogue: *

SESSION THREE: DEALING WITH ISSUES, CONFLICTS AND FEARS

Objectives:

The goal of Session Three is to explore the issues, conflicts, and problems that surround the epidemic of AIDS. Myths, misunderstandings, and discrimination that confound policymaking, funding for research and education, and community action will be discussed. The participants will have the opportunity to become sensitive to the experience of people with HIV infections.

At the end of Session Three, the participant will be able to:

1. Assess public attitudes toward people with HIV infections, particularly those with AIDS.

2. Define and identify one's own response to people with HIV infections, particularly those with AIDS.

3. Define and identify how homophobia has confounded and distorted the AIDS epidemic.

4. Recognize the extent to which the AIDS epidemic has affected the Black and Hispanic communities, and to identify reasons for the lack of education and prevention in these communities.

5. List methods for expanding AIDS education and prevention in the IV drug-using communities.

6. Recognize how discrimination has hindered AIDS education.

7. Identify and question the discrimination that persons with AIDS, and persons suspected to be HIV carriers, have experienced. (Loss of jobs, denied health care, eviction from housing, denied insurance, etc.)

8. Describe the experience of being tested positive for HIV. Identify the feelings they may have and list sensitive and supportive responses to these feelings.

9. Assess the importance of the following issues:
   - AIDS education vs. protection of perceived "norms"
   - mandatory vs. voluntary testing
   - individual rights vs. welfare of the public
   - the costs of AIDS--how should it be paid for?

To teach Session Three, you will need:

EQUIPMENT:

Overhead projector and screen
Blackboard and/or flip chart

AUDIOVISUALS:

Overhead transparencies
No. 3.1 Session Three - Objectives

HANDOUTS:

No. 3.1 A Simple Quiz of Stereotypical Thinking
No. 3.2 Discrimination - What and Why?
No. 3.3 What Would You Do?
No. 3.4 Course Evaluation

POSSIBLE GUEST SPEAKERS AND COMMUNITY RESOURCES FOR PANEL DISCUSSION:

Speaker from N.C. AIDS Service Coalition (see resource section for organization nearest you)
A Person with AIDS
Family with a member with AIDS
Director of the Health Department or Health Educator (knowledgeable about issues)
Lawyer from Legal Aids (who could discuss the civil rights issues)
Member of the School Board or Superintendent of Schools
President or Dean of Students at the community college
Minister or community member who is vocal either for or against explicit AIDS Education in the public schools
An insurance agent and/or administrator from a local hospital to speak about the costs of treating AIDS

REFERENCES

Much has been written about the issues discussed in Session Three. The following is a partial list of articles and books that will help you prepare for this section:

AIDS: Facts and Issues, Victor Gong and Norman Rudnick, Eds., Rutgers University Press, New Brunswick, 1986.
Read: Part Four: "Society's Response to AIDS"
Part Six: "Avoiding or Coping With AIDS"

AIDS: A Guide for Survival, published by Harris County Medical Society and Houston Academy of Medicine, 1987.
Read: Chapter VI: The Economics and Ethics of AIDS
Chapter VII: The Human Element

AIDS in the Mind of Americans, Dennis Altman Anchor Press/Doubleday, Garden City, NY, 1987.
Read: Chapter Four: Fear and Stigma
Chapter Eight: A Very American Epidemic?

AIDS: Public Health and Civil Liberties, Carol Levine and Joyce Bermel, Eds., A Hastings Center Report, Special Supplement, December 1986.
Read: "The Constitutional Balance Between Health and Liberty" Deborah Jones Merritt
"Predicting Dangerousness and the Public Health Response to AIDS" Ruth Macklin
"Morality and the Health of the Body Politic" Dan E. Beauchamp

AIDS and the Law: A Guide for the Public, Harlon Dalton and Scott Burris, Eds., Yale AIDS Law Project, Yale University Press, New Haven, 1987.
Read: Chapter 7: Education as Prevention
Chapter 8: Screening Workers for AIDS

Most all book companies now have new books on AIDS. It is suggested that you inquire about new publications regarding issues, conflicts and fears.

SESSION THREE: DEALING WITH ISSUES, CONFLICTS, AND FEARS

AGENDA

Welcome

Activity 1: Review Session Three Objectives

Activity 2: Homophobia and AIDS in the Black, Hispanic, and IV Drug-Using Communities

- Public Attitudes Toward People with HIV Infections
- Your Own Attitudes Toward People with HIV Infections
- Homophobia and AIDS
- AIDS and Race: The Hidden Epidemic
- AIDS and the IV Drug User
- How Discrimination has Hindered AIDS Education

Activity 3: How Discrimination Affects People with HIV Infections

Activity 4: Experiencing the Personal

Activity 5: The Issues Surrounding the AIDS Epidemic (Panel Discussion)

Activity 6: Evaluation

3.4 / 3.5

PREVENTING AIDS TOMORROW THROUGH EDUCATION TODAY

SESSION THREE

Dealing With Issues, Conflicts, and Fears

Instructor: Welcome the participants back. Ask the participants for any questions they have relating to Session Two. Briefly respond to questions.

ACTIVITY ONE

Objectives

Methodology: Large Group

Materials: Transparency No. 3.1, Session Three - Objectives

Equipment: Overhead projector and screen

Instructor: Using Transparency No. 3.1, review the objectives for this session

ACTIVITY TWO

Homophobia And AIDS in the Black, Hispanic, and IV Drug-Using Communities

Objective: Assess public attitudes toward people with HIV infections, particularly those with AIDS.

Objective: Define and identify one's own response to people with HIV infections, particularly those with AIDS.

Objective: Define and identify how homophobia has confounded and distorted the AIDS epidemic.

Objective: Recognize the extent that the AIDS epidemic has affected the Black and Hispanic communities, and to identify reasons for the lack of education and prevention in these communities.

Objective: List methods for expanding AIDS education and prevention in the IV drug-using communities.

Objective: Recognize how discrimination has hindered AIDS education.

Methodology: Lecture
Small Group Work
Large Group Work
Brainstorming

Materials: Handout No. 3.1, A Simple Quiz of Stereotypical Thinking
Newspaper clippings which exhibit attitudes about Homophobia and AIDS, AIDS and sexuality, AIDS and race, and AIDS and IV drug use.

What Are the Public's Attitudes Toward People With HIV Infections, Particularly Those With AIDS?

Instructor: Bring to class newspaper clippings that are examples of attitudes toward people with HIV infections, particularly those with AIDS. Try to include leaders in the fields of government, religion, and education. You might also ask students what they have heard or read lately about people's attitudes in this area. If possible, ask the students to bring their own clippings to share with the class (assign this during the second session).

Examples are quotes and articles by:

- Patrick Buchanan - (Aide to President Reagan) NEW YORK POST, "AIDS Disease: It's Nature Striking Back."
- Senator Jesse Helms, statements about AIDS education in the classroom.
- Papal States, statement released during the Pope's trip to the U.S.
- Surgeon General C. Everett Koop, statements about the need for more education within the Black and Hispanic communities and for IV drug users.

What Are Your Attitudes Toward People with HIV Infections, Particularly those with AIDS?

Instructor: To explore the participants' negative associations and attitudes about people with HIV infections, ask the following questions:

"When you hear someone has an HIV infection such as AIDS, what high risk group do you think that person belongs to?" "Why?"

"What other assumptions do you make about that person?"

After the participants have responded to the question, show them the newspaper clippings brought to class. And discuss similarities or dissimilarities their attitudes have with the newspaper clippings.

Homophobia and AIDS

Instructor: Divide the participants into small groups of 3 or 4 each. Pass out Handout No. 3.1, Simple Quiz of Stereotypical Thinking. Tell the participants to read through the quiz.

When they have finished reading, ask the small groups to:

- Discuss how they felt when the "tables were turned."
- Identify which of the statements really help to point their stereotypical thinking.
- Identify reasons why leaders in government, education and religion have been influenced by their homophobia when responding to the AIDS epidemic.

Call the small groups back to a large group. Ask: the small groups to join the large group. Ask both groups:

- What can be done to help the public realize that HIV is not a virus that strikes only White, gay men?
- What are the problems that happen when government bodies, policymakers, and educators stereotype people infected with HIV into belonging to select groups?

Attaching AIDS to the gay, White male community results in two negative by-products: **Homophobia** (defined as: A fear and hatred of gay men and lesbians.) and a **denial of the fact that Black and Hispanic communities are hard hit by this disease and often overlooked in prevention efforts.**

Additionally, some religious groups, behaving homophobically rather than compassionately, have argued that HIV infections are a "natural sanction" for "crimes against nature." They have made it a political crusade, using confusion, fear, and prejudice, to sway the public to discriminate against the people who are infected with the virus. (Refer to newspaper clippings)

The church, traditionally in the forefront of helping the needy, has been unusually slow to respond to the AIDS crisis: 1) because of a reluctance to discuss the sexual and IV drug-using behaviors that can transmit the virus; 2) because of a lack of knowledge of the HIV virus and of those infected with the virus; and 3) because HIV infections can be considered in the category of sexually transmitted diseases, discussion should be left to the domain of public health.

AIDS And Race: The Hidden Epidemic

Instructor: Ask the participants to brainstorm reasons that the Black and Hispanic Communities have such staggering statistics. (See below) List these reasons on the blackboard or flip chart. Discuss. Be sure to include in the list:

- Since much of the media has implied that AIDS is a gay, White male disease, many heterosexual minorities do not realize they are at risk for infection.

- The higher percentage of intravenous drug users are within the group of Black and Hispanic persons with HIV infection. IV drug users may tend to put off seeking medical help longer than others.

- More Black and Hispanic persons find themselves unemployed or underemployed than White. People in this situation may not have access to workplace-funded medical insurance. These people also may not have money for medical expenses. The illnesses of ARC and AIDS often go untreated until the later stages.

- Often Black and Hispanic persons may not have a regular family doctor and must rely on hospital emergency rooms for medical care. In this situation, they may neither be diagnosed nor treated for AIDS-related conditions until the disease reaches an advanced stage. The absence of proper medical care for racial and ethnic minorities and the poor has critical implications in the AIDS epidemic.

- There is a general lack of education about AIDS in minority communities. This may be due to many factors, some of them being a lack of funds to promote educational programs and denial of the AIDS epidemic as a problem because of the stigma associated with it.

Most people believe that HIV is a virus which primarily afflicts White, gay men. This assumption is not only incorrect but dangerously misleading. In Session One, the message "AIDS does not discriminate!" was discussed. The virus does not care about a person's race, class, age, sex, sexual preference, religious, or political beliefs, etc. This message, however, often seems to be lost in all the hysteria that surrounds AIDS.

Do only gay, White males get AIDS? Consider the facts:

1. Nearly 50 percent of the Blacks with AIDS are heterosexuals.

2. 30 percent of the cases among Black men are gay, while 78 percent of the cases among White men are gay.

3. While Blacks comprise 12 percent of the national population, they account for 25 percent of AIDS cases.

4. In North Carolina, 22 percent of the population is Black, while 40 percent of the people who have gotten AIDS are Black.

5. 85 percent of IV drug users with AIDS are Black males and females.

6. A Black woman is thirteen times more likely to contract AIDS than a White woman.

7. A Hispanic woman is at eleven times the risk to contract AIDS than a White woman.

8. Hispanics, who comprise only 6% of our national population, represent 14% of all people with AIDS in the U.S.

The statistics show that the Black and Hispanic Communities have been hard hit by the AIDS epidemic. These communities have special problems. The statistics show that:

- The average life span of a White person with AIDS in the United States is two years, the average Black or Hispanic person with AIDS is expected to live only 19 weeks.

- Ninty-one percent of infants with AIDS are non-White.

AIDS and IV Drug Users
Discrimination vs. Education

Instructor: Remind participants the IV drug-using communities are hard hit by the AIDS epidemic and that the virus can be transmitted through sharing needles or syringes that have been contaminated with the virus. Ask the participants to identify the reasons why educating and motivating IV users about AIDS prevention has been so difficult. (See Brief Explanation below) List their reasons on the board. After the list of reasons is complete, ask the participants to determine which of the reasons are due to discrimination. Ask the participants:

- How would you go about educating IV drug users?

- What resources would they use to combat this problem (money, community groups, policy, etc)? Are the answers demonstrating compassion, and concern or is there confusion, fear and discrimination?

Brief Explanation:

IV drug use is identified as a high-risk behavior. Education and prevention of this behavior is difficult. IV drug users have traditionally had a difficult time changing behaviors. If sharing needles is the only way to get a drug to which one is addicted, it is very difficult to decide not to share. Drug users need AIDS-prevention information. Efforts to prevent IV drug addiction and use must be redoubled. AIDS education to this group is imperative.

How Discrimination Has Hindered AIDS Education

Instructor: Ask the participants to brainstorm ways to combat the homophobia and discrimination that hinder the understanding and prevention of HIV infection. Ask the participants for suggestions as to how to encourage people to act in positive, helpful ways to stop the spread of this virus.

Homosexuals, IV Drug Users, and the Black and Hispanic communities are all groups that have been targets of discrimination before the AIDS epidemic. What sorts of problems arise when people's negative judgements, fears, and misunderstandings about homosexuality, IV drug users, or minorities affect their reaction to people affected by the virus.

- The government's response will lag behind the response of others to fund education and research. Because the focus of AIDS has been mainly on White, gay men, this misleading focus, fed by an epidemic of "homophobia," is often cited as the reason for the national government being slow in funding research and education.

- Special interest groups will interfere with efforts to educate the public about prevention.

In addition, many people have not bothered to either become educated about AIDS or practice "safe sex" because they assume that AIDS is a disease that discriminates against homosexuals and/or drug abusers. It is important for all people to take this epidemic seriously.

What can be done to help people understand and react in a positive, helpful manner?

ACTIVITY THREE

How Discrimination Affects People with HIV Infections

Objective: Identify and question the discrimination that persons with AIDS and persons suspected to be HIV carriers have experienced. (Loss of jobs, denied health care, eviction from housing, denied insurance, social isolation, etc.)

Methodology: Large Group Discussion
Small Group Work

Materials: Handout No. 3.2, Discrimination - What and Why?
Handout No. 3.3, What Would You Do?

Equipment: Flip chart or blackboard

Instructor: Divide the participants into two groups. Give one group Handout No. 3.2, Discrimination - What and Why? Give the other group Handout No. 3.3, What Would You Do? Both of

these handouts are based on the same scenario. Handout No. 3.2 asks the participants to analyze the discrimination that people with AIDS have experienced. Handout No. 3.3 provides the participant with an opportunity to show a more compassionate response and/or to explore their own feelings of discrimination. Give each group 15-20 minutes to discuss these materials. Call the groups back to the larger group to report their responses. Discuss each briefly.

It is important to distinguish between genuine fear of AIDS and AIDS-related conditions and the exploitation of such fears to attack affected groups. The discrimination of people infected with the virus is rampant. In spite of the repeated message "AIDS is not easy to catch," people with HIV infections are stigmatized, viciously attacked, and discriminated against because of their illness:

- Mistreatment of and discrimination against people with HIV infections, or those thought to be at risk will continue.
- Medical and economic assistance will be denied to those with HIV infections.
- Information will be reported that is misleading and which creates confusion.

ACTIVITY FOUR

Experiencing the Personal

Objective: Describe the experience of being tested positive for HIV. Identify the feelings the participants may have and list sensitive and supportive responses to these feelings.

Methodology: Lecture
Small Group Work
Large Group Discussion

Equipment: Blackboard or flip chart

Instructor: Divide the participants into pairs. One participant will be the recorder, the other will imagine how he/she would feel if the physician just told him/her that they tested positive for HIV exposure.

The recorder must write down everything the other participant says. Have the recorder put the responses into two columns: "feelings" category and "plans" category.

The participants who are imagining that they have just learned that they tested positive for HIV must:

1) report how they feel knowing what they know about this disease; and
2) plan their life given that they are HIV carriers.

Ask the participants to return to the larger group. In one column, list all the feelings that were reported by the participants, discuss. In another column, list all the plans that were reported, discuss.

Be sure to include in the discussion: (1) Do they need to tell sexual partners about testing positive. (2) Do they need to tell their employer? (3) What do they think their friends, family, employer, co-workers might think or do when they hear about their test results?

In addition, discuss how and if their responses reflect society's bias against people with HIV infections, particularly AIDS? The purpose of this exercise is to sensitize the participants to those affected by the AIDS epidemic.

The AIDS Services Project of the Lesbian and Gay Health Project, Durham, North Carolina provided the following information.

"A diagnosis of AIDS will change your life. The person facing an AIDS diagnosis is confronted by a flood of questions and feelings that touch every aspect of life. An individual reaction to diagnosis, and to their level of health in the months and years after initial diagnosis, will depend on numerous variables, age, coping skills, previous experience with illness, support network, spiritual beliefs, etc)."

"Initial reaction to diagnosis and its overwhelming implications usually involves a degree of shock. A feeling of numbness may be momentary or prolonged. Those who have had an extended period of dealing with an ARC diagnosis, before being diagnosed with AIDS may experience a sense of relief. They may have the response of "At least I finally know what I'm dealing with."

"The person who is diagnosed may disbelieve the diagnosis, perhaps seeking additional medical opinions. Someone feeling healthy, perhaps having only one Kaposi's sarcoma lesion, may strongly doubt the diagnosis. Another person more ill, perhaps with a debilitating case of PCP, may seem to be denying the emotional implications of the diagnosis by focusing his or her energy on physical survival and/or cure. These may be necessary coping techniques for survival - a form of terror management."

"It is natural for the person with AIDS to experience general, diffuse anxiety, particularly at the time of diagnosis and at other times of crisis during the course of the illness."

"There are many possible specific fears that a person with AIDS may face. Fear of abandonment and isolation may be acute because of the fear and hysteria surrounding the illness in our society. The fear of loss of

financial independence, physical control, and becoming dependent on others is frequent. Other fears relate to body image and the physical course of the illness such as the development of visible lesions, the suffering of pain, the significance of symptoms. Is that a bruise or lesion? Is my cough the beginning of PCP or a common cold?"

"Depression is another common feeling experienced by people diagnosed with AIDS. For some, suicidal feelings arise soon after diagnosis. These thoughts may be related to a conception that diagnosis is an immediate death sentence. Other suicidal ideation is at the time of diagnosis and is focused on some fearful point in the future - If I develop lesions on my face... or If I become dependent on others...."

"Feelings of guilt and/or resentment may accompany the diagnosis. Deep feelings about one's lifestyle may arise, buried feelings of internalized homophobia, guilt or other judgements about one's life. Resentments against other apparently healthy people may be expressed. A diagnosis with AIDS may be accompanied by a high level of frustration and anger."

"Hope is almost always present for people with AIDS. Hope that the diagnosis is incorrect; hope that opportunistic infections will be cured; hope that a minimum of pain will be experienced; hope that one can return to (or continue to) do a favorite activity; hope that one can invoke personal power to heal himself/herself. Hope and belief in recovery is the most important element of survival for a person with AIDS."

Instructor: Ask the participants to brainstorm the various ways they, and others, can respond to and be supportive of persons affected by the virus. Using the "feeling" and "plans" responses given earlier, have the participants prescribe an appropriate supportive response to the feelings listed below.

Feeling: Shock
Response: Help the person just diagnosed to focus on questions of concern to them. Ask them what they know about their condition. Provide helpful information so they can better understand the disease.

Feeling: Denial
Response: Since denial is often a positive coping mechanism, it is important not to attempt to break through that person's denial. Encourage hope when it is sought.

Feeling: Anxiety
Response: Assure that person that anxiety is normal. Explore the general anxiety, looking for specific fears and concerns.

Feeling: Victimized, dependent
Response: Help that person to look at what he or she can do that will help diminish these feelings and will increase their sense of control.

The most important way to reassure a person infected with the virus is to demonstrate that you are not afraid of him/her or the disease, to help that person keep in touch with friends and family, and to relate to that person as an individual and not as an illness.

Instructor: The participants may have their own fears about being around people who are AIDS infected. Provide an opportunity to address these fears. Refer back to Session One to answer questions of transmission.

ACTIVITY FIVE

The Issues Surrounding The AIDS Epidemic

Objective: Assess the importance of the following issues:

AIDS Education vs. Protection of Perceived 'Norms'
Mandatory vs. Voluntary Testing
Individual Rights vs. Welfare of the Public
The Costs of AIDS--Who Pays for It?

Methodology: Panel Discussion
Debate

Instructor: This activity is best suited for the second half of the session. Schedule it after the break. Invite members of the community who are knowledgeable about the issues addressed by the objective. For example:

Speaker from N.C. AIDS Service Coalition (see resource section for organization nearest you)
A person with AIDS
Family of an AIDS Patient
Director of the Health Department or Health Educator (knowledgeable about issues)
Lawyer from Legal Aid (who could discuss the civil rights issues)
Member of the School Board or Superintendent of Schools
President or Dean of Students at the Community College
Minister or community member who is vocal either for or against explicit AIDS education in the public school system
An insurance agent and/or administrator from a local hospital to speak about the costs of treating AIDS
President of Large Business or Industry who has an AIDS policy in force.

Be sure the group is balanced. That each side of an issue is fairly represented. Have this group of people form a panel. Ask each member of the panel to briefly state his/her supportive arguments of the issue they have agreed to represent. Have the participants ask questions. To set the stage, have ready questions that will begin the dialogue between the panel and the participants. Allow 45 minutes to an hour.

ACTIVITY SIX

Evaluation

Materials: Handout No. 3.4, Course Evaluation

Instructor: Allow time at the end of this session to pass out Handout No. 3.4, Course Evaluation. Have the participants complete the evaluation. The evaluation is designed to help you strengthen the course the next time you give it. Add any questions you feel are necessary.

DEALING WITH ISSUES, CONFLICTS AND FEARS

OBJECTIVES

THE GOAL OF SESSION THREE IS TO EXPLORE THE ISSUES, CONFLICTS, AND PROBLEMS THAT SURROUND THE EPIDEMIC OF AIDS. MYTHS, MISUNDERSTANDINGS, AND DISCRIMINATION THAT CONFOUND POLICYMAKING, FUNDING FOR RESEARCH AND EDUCATION, AND COMMUNITY ACTION WILL BE DISCUSSED. THE PARTICIPANTS WILL HAVE THE OPPORTUNITY TO BECOME SENSITIVE TO THE EXPERIENCE OF PEOPLE WITH HIV INFECTIONS.

AT THE END OF SESSION THREE, THE PARTICIPANT WILL BE ABLE TO:

1. ASSESS PUBLIC ATTITUDES TOWARD PEOPLE WITH HIV INFECTIONS, PARTICULARLY THOSE WITH AIDS.

2. DEFINE AND IDENTIFY ONE'S OWN RESPONSE TO PEOPLE WITH HIV INFECTIONS, PARTICULARLY THOSE WITH AIDS.

3. DEFINE AND IDENTIFY HOW HOMOPHOBIA HAS CONFOUNDED AND DISTORTED THE AIDS EPIDEMIC.

4. RECOGNIZE THE EXTENT TO WHICH THE AIDS EPIDEMIC HAS AFFECTED THE BLACK AND HISPANIC COMMUNITIES, AND TO IDENTIFY REASONS FOR THE LACK OF EDUCATION AND PREVENTION IN THESE COMMUNITIES.

5. LIST METHODS FOR EXPANDING AIDS EDUCATION AND PREVENTION IN THE IV DRUG-USING COMMUNITIES.

6. RECOGNIZE HOW DISCRIMINATION HAS HINDERED AIDS EDUCATION.

7. IDENTIFY AND QUESTION THE DISCRIMINATION THAT PERSONS WITH AIDS, AND PERSONS SUSPECTED TO BE HIV CARRIERS, HAVE EXPERIENCED. (LOSS OF JOBS, DENIED HEALTH CARE, EVICTION FROM HOUSING, DENIED INSURANCE, ETC.)

8. DESCRIBE THE EXPERIENCE OF BEING TESTED POSITIVE FOR HIV. IDENTIFY THE FEELINGS THEY MAY HAVE AND LIST SENSITIVE AND SUPPORTIVE RESPONSES TO THESE FEELINGS.

9. ASSESS THE IMPORTANCE OF THE FOLLOWING ISSUES:
   - AIDS EDUCATION VS. PROTECTION OF PERCEIVED "NORMS"
   - MANDATORY VS. VOLUNTARY TESTING
   - INDIVIDUAL RIGHTS VS. WELFARE OF THE PUBLIC
   - THE COSTS OF AIDS--HOW SHOULD IT BE PAID FOR?

TRANSPARENCY NO. 3.1

A Simple Quiz of Stereotypical Thinking

One would seldom consider asking a person of heterosexual orientation any of the following questions. However, these questions are often asked of openly gay persons. Although the questioner may not intend discrimination, these questions reveal homophobia and acceptance of stereotypical thinking. If you are a heterosexual person, imagine someone asking you these questions:

1. What do you think caused your heterosexuality?
2. When and how did you decide you were heterosexual?
3. Isn't it possible that your heterosexuality is just a phase you may grow out of?
4. Is it possible that your heterosexuality stems from a neurotic fear of others of the same sex?
5. Why do you insist on flaunting your heterosexuality? Can't you just be who you are and keep it quiet?
6. Would you want your child to be heterosexual, knowing the problems he/she would have to face?
7. A disproportionate majority of child molesters (some 95%) are heterosexuals. Do you consider it safe to expose your child to heterosexual teachers?
8. Why do heterosexuals place so much emphasis on sex?
9. How can you become a whole person if you limit yourself to compulsive, exclusive heterosexuality and fail to develop your natural, healthy homosexual potential?
10. There seems to be very few happy heterosexuals. Techniques have been developed that might enable you to change if you want to. Have you considered trying aversion therapy?

Adapted from: THE NEWSLETTER
Durham, North Carolina
October, 1987
Vol. 7, No. 1

DISCRIMINATION...WHAT AND WHY?

The following scenarios are real case studies involving persons with AIDS infections. Read each situation. Discuss the questions with your group. Report your thinking to the large group.

Case # 1

In Indianapolis, a judge recently terminated the right of a divorced father to visit his 2-year-old daughter. The case proved that there was no abuse or neglect on the father's part. The reason the judge ruled in this manner: Test showed that the father, a 31-year-old construction worker, has been exposed to the AIDS virus. The judge reasoned, "Although two doctors have testified that the father posed no danger to his daughter because AIDS is not transmitted through casual contact, there may be some unknown, slight risk. Even if there is only a 1% chance, I don't feel she should be exposed." The judge granted full custody to the child's mother.

Q. Was this an "Hysterical" reaction, or a reasonable one? Why?

Q. Was there discrimination in this case? What?

Case # 2

In Montgomery County, Maryland, a computer operator filed a lawsuit alleging that he was fired, stripped of his health insurance, and escorted out of the building after his employer discovered he had AIDS.

Q. Was this a case of discrimination? Why?

Q. What should employers do when they discover one of their employees has AIDS?

Q. How would responses differ if the employee did not have AIDS but was asymptomatic?

Case # 3

Two male applicants for a mortgage in the District of Columbia were told that they had to submit results of a blood test to detect the presence of antibodies to AIDS before their application could be considered.

Q. What are the issues of discrimination in this case study?

Q. Does demanding the ELISA test violate the civil rights of the applicants?

Case # 4

Two employees of a California health maintenance organization (HMO) say they were instructed to put all health insurance applications from the San Francisco area in a drawer, wait a few weeks and then reject them for unspecified medical reasons. The employees said it was understood that the company did not want to bear the cost of AIDS claims and considered all single male San Francisco residents high-risk.

Q. Is this a case of discrimination? Is so, who and what were being discriminated against?

Case # 5

A man with Kaposi's sarcoma (some lesions from the disease showing on his face) boarded a bus. The bus driver, seeing the lesions, instructed him that he could not ride on the bus because he had AIDS. Some of the other bus riders supported the driver's position by yelling at the man to get off the bus. Other riders remained silent.

Q. What are the discriminating issues of the driver and riders?

Q. Should public transportation be accessible to people with AIDS? Why? Why not?

Q. How should people with AIDS be treated in public places?

Case # 6

A child was denied entrance to school because he was infected with AIDS. Although public officials and doctors had explained to the school board that the child was well enough to do school work and presented no harm to the other children in the school, the school board would not allow him to continue school. Many parents in the school district voiced their objections to the child attending school.

Q. What are the issues of discrimination?

Q. Were the civil rights of the child being violated?

Q. Do you think children with AIDS infections need to inform their school? Why or why not?

Note: Throughout these scenarios try to discuss how responses would differ if the person infected with AIDS was asymptomatic. Hopefully this will help people to look at their fears about the transmission of AIDS since it is likely that some people will be more fearful of people with AIDS then they are of people who have ARC or who are asymptomatic.

WHAT WOULD YOU DO?

The following scenarios are real case studies involving persons with AIDS infections. Read each situation. Discuss the questions with your group and reach a consensus about what to do.

Case # 1

In Indianapolis, a mother of a 2-year-old girl petitioned the court to terminate the visitation rights of her divorced husband. Although the mother alleged that there was no evidence of abuse or neglect by the father, she maintained that the safety and health of her child was threatened because the girl's father was AIDS-infected.

Q. If you were the father of the little girl, would you agree with the mother? What information would you use to support your case?

Q. Based on the mother's and father's arguments, if you were the judge, what would you decide? Why?

Case # 2

In Montgomery County, Maryland, a computer operator reported to the personnel director of his company that he had AIDS and asked about his insurance coverage to meet the impending expenses:

Q. If you were the personnel director, what would you do with this information? Why?

Q. If you were the President of the company, what action, if any, would you take when you found out about one of your employees having AIDS? Why?

Q. If you were a co-worker of this person with AIDS, what would you do if you knew about his AIDS? Why?

Q. If you were the person with AIDS, would you tell anyone at your place of business? Why? Why not?

Q. Would you work in an employment situation if one of your co-workers had AIDS? Why/why not?

Q. How would responses differ if the employee did not have AIDS but was asymptomatic?

Case # 3

Two males, in the District of Columbia, apply for a 20-year mortgage for a condo they plan to co-own and live in.

Q. Knowing that there is a high incidence of AIDS in the homosexual community in the District, if you were the President of the mortgage company, what would you do? Why?

Q. What would you do if you ran an insurance company?

Handout No. 3.3

A health maintenance organization (HMO), a type of health insurance company, sells many policies in San Francisco. (San Francisco has a high incidence of AIDS.) Recent figures indicate that a typical treatment for AIDS averages $149,000 per case. These figures are expected to rise.

Q. If you were President of the HMO, how would you handle policy applications from single males who live in San Francisco? Why?

Q. Who do you think should pay for treatment of AIDS? Why?

Case # 4

A man with Kaposi's sarcoma (some lesions from the disease showing on his face) boards a bus. Since there have been many television programs concerning AIDS, he is recognized as having the disease.

Q. If you were the bus driver and recognize his disease as AIDS, what would you do? Do you think the bus company should be required to service people with AIDS? Why/why not?

Q. If you were a rider and recognized his disease as AIDS, what would you do? Why?

Q. Would you ride in a bus or elevator with a person with AIDS? Why or why not?

Q. Would you use a public restroom knowing a person with AIDS had just used it? Why or why not?

Case # 5

A child infected with AIDS is considered well enough by his physicians to go to school and perform at his grade level. The parents of the child inform the school principal and nurse of their son's condition so they will understand if he is tired or absent some of the time. The principal informs the school board of this situation.

Q. If you were on the school board, what would you do about this situation? Why?

Q. If you were the principal, the nurse, or the child's teacher, how would you feel about this situation? Why? What action would you take concerning this?

Q. If your child was in the same room with the AIDS-infected child, how would you feel? Would you take any action? If yes, what? Why?

Q. If a person in your classroom has AIDS, would you want to know about it? If you knew about it, what would you do?

EVALUATION

Preventing AIDS Tomorrow Through Education Today

Date: _____

Instructor's Name: _____

Age Category:

Under 20 _____
20 - 30 _____
31 - 50 _____
51 over _____

Sex: _____ M _____ F

Check:

_____ Student _____ Staff
_____ Faculty _____ Administration
_____ Community Member
_____ Employee of business/industry

Which of the following session(s) did you attend?

_____ Session One: Learning About AIDS
_____ Session Two: Practicing Prevention
_____ Session Three: Dealing with Issues, Conflicts, Concerns

Which session(s) were the most helpful to you?

_____ Session One: Learning About AIDS
_____ Session Two: Practicing Prevention
_____ Session Three: Dealing with Issues, Conflicts, Concerns

Why were the session(s) checked above most helpful?

_____ Information presented helped me understand many aspects of AIDS
_____ The subject was presented in a practical, beneficial way
_____ The information was new to me
_____ Other, Explain:

Are there other topics that should be included in this course?

_____ YES _____ NO

If yes, please list:

What type of presentations were most interesting and helpful?

_____ Instructor's lecturette
_____ Film
_____ Large Group discussion
_____ Small Group discussion
_____ Handouts
_____ Transparencies
_____ Classroom demonstrations
_____ Guest speakers

Is there anyway the class sessions could be changed to make the subject more interesting and helpful?

_____ YES _____ NO

Please comment:

As a result of this course, do you now have a better understanding of AIDS and related issues? Please comment:

How will you use the information learned in this course? Please comment:

Any additional comments you would like to share.

Thank you for participating in this course and survey. Through knowledge today, lives can be saved tomorrow--yours and others!

SESSION FOUR: AIDS POLICY AND EDUCATION AT THE WORKSITE

Objectives

At the end of Session Four, the participant will be able to:

1. Explain and discuss:

   a. What is AIDS;
   b. The link between the Human Immunodeficiency Virus (HIV) and AIDS;
   c. How HIV is transmitted;
   d. The symptoms and stages of HIV infection; and how these stages are diagnosed.

2. Discuss and dispel the myths and misunderstandings about AIDS.

3. Develop an AIDS policy that ensures safety, fairness, non-discrimination, and education for all employees.

4. Discuss the implementation of a AIDS policy at the worksite.

5. Design an AIDS education program for employees.

* "We can prevent AIDS through education, . . . employers who are willing to educate their employees; educators who are willing to educate their students; parents who are informed and willing to educate their children, friends who are willing to educate their friends."

Vercie M. Eller, R.N.

To teach Session Four, you will need:

EQUIPMENT

Overhead projector/screen
VHS-VCR and monitor
Blackboard and/or flip chart (Optional)

AUDIOVISUALS

Overhead Transparencies
- No. 4.1 Session Four - Objectives
- No. 4.2 Common Symptoms of AIDS/ARC (See: Session One, Transparency No.1.3)
- No. 4.3 Tip of the Iceberg (See: Session One, Transparency No. 1.2)
- No. 4.4 How Does One Become Exposed to HIV? (See: Session One, Transparency No. 1.5)
- No. 4.5 Behaviors that Determine Risk (See: Session One, Transparency No. 1.6)
- No. 4.6 AIDS: Fight Fear with Facts (See: Session One, Transparency No. 1.9)
- No. 4.7 Advantages of Developing and Implementing a Company AIDS Policy
- No. 4.8 Basic Strategy for Developing an AIDS Policy
- No. 4.9 Components of a Good AIDS Policy
- No. 4.10 Trouble-Shooting

Movies
- "An Epidemic of Fear: AIDS in the Workplace" (23 min., color, VHS) 1987
- "AIDS: What Everyone Needs to Know." (10 minutes)

HANDOUTS

- No. 4.1 Definitions (See: Session One, Handout No. 1.3)
- No. 4.2 Precautions for HIV-Infected Individuals (See: Session One, Handout No. 1.8)
- No. 4.3 Fight Fear with Facts (See: Session One, Handout No. 1.2)
- No. 4.4 Basic Strategy for Developing an AIDS Policy
- No. 4.5 Components of a Good AIDS Policy
- No. 4.6 AIDS Policy of Mutual of Omaha
- No. 4.7 Trouble-Shooting
- No. 4.8 AIDS Policy Worksheet
- No. 4.9 Designing an Education Program for Your Employees
- No. 4.10 Issues to be Addressed in an Employee Education Program
- No. 4.11 Evaluation

SESSION FOUR: AIDS POLICY AND EDUCATION AT THE WORKSITE

AGENDA

Introduction

Activity 1: Review of the Objectives

Activity 2: Movie: An Epidemic of Fear

Activity 3: Basic Information About AIDS

Activity 4: How to Develop an AIDS Policy for the Worksite

- Why Develop an AIDS Policy at the Worksite?
- Putting Together An AIDS Policy
- What are the Components of a Good Policy on AIDS?
- Evaluating an AIDS Policy

Activity 5: An AIDS Program

- Human Resources Issues
- Medical and Legal Concerns
- Your Company's AIDS Policy: A Worksheet

Activity 6: Employee Education

- The Task Force's Role in Employee Education
- First Considerations for Employee Education
- Objectives of an Employee Education Program
- Issues to be Addressed

Activity 7: Evaluation

PREVENTING AIDS TOMORROW THROUGH EDUCATION TODAY

SESSION FOUR

AIDS: Policy and Education at the Worksite

Instructor: Give an introductory-welcome talk. Have the participants introduce themselves to each other, giving their name, business or organization, and interest in learning about AIDS and developing a policy for their worksite. Many of the participants may already know each other if they come from the same business community. An example of an introductory talk follows:

INTRODUCTION

The business community has the unique opportunity to take a leadership role in helping the community members understand and combat AIDS. When management becomes educated about AIDS and, in turn, educates its employees, the misunderstandings, myths, and fears of AIDS are dispelled. Knowing how this disease is transmitted and how to prevent it is essential.

Several large businesses, for example Bank of America, Levi Strauss, and Mutual of Omaha, as well as the city of Atlanta, have already demonstrated to businesses and governments how to establish policy and educate employees about AIDS. These large companies felt the responsibility to educate their employees about AIDS: What it is, how it is transmitted, and how to prevent it. They also realized their responsibility to those employees who unfortunately had already acquired AIDS.

This session will:

- Teach you about AIDS
  1. What it is
  2. How it is transmitted
  3. How to prevent the spread of HIV
- Discuss the Myths and Misunderstandings of AIDS
- Address the importance of establishing an AIDS policy and how to develop one
- Address the importance of educating your employees and how to do it

ACTIVITY ONE

Session Objectives

Methodology: Large Group Discussion

Materials: Transparency No. 4.1, Session Four - Objectives

Equipment: Overhead projector/screen

Instructions: Using Transparency No. 4.1, Session Four - Objectives, briefly review the objectives for this session.

ACTIVITY TWO

Overview of AIDS

Objective: Explain and discuss:

- What is AIDS;
- The link between the Human Immunodeficiency Virus and AIDS;
- How HIV is transmitted;
- The symptoms and stages of HIV infection; and
- How these stages are diagnosed.

Methodology: Movie

Materials: "An Epidemic of Fear: AIDS in the Workplace" (color, 23 min.)

Suggested pamphlets to accompany movie:

- "AIDS, Questions and Answers" (Published 8/87) Available through Planned Parenthood,
- "AIDS and Your Job--Are There Risks? (Published 10/86) Available through American Red Cross
- "AIDS in the Workplace: A Guide for Employees" (Pub 3/86) Available through the San Francisco AIDS Foundation

Equipment: VHS and monitor

Instructor: "An Epidemic of Fear: AIDS in the Workplace" answers questions in simple language about contracting the HIV infection from mosquitoes, tears, sweat, saliva, and food. It addresses fears about health risks to pregnant women and

about donating blood. Specific infection control guidelines for health care workers have been added as well. This tape provides definitive answers to the most pressing concerns employees have about AIDS. It sensitizes its viewers to the needs of real people who have been affected by the deadly disease. Having watched this movie, the participants can move through the material presented in Activity Three quickly. If you are unable to show "An Epidemic of Fear: AIDS in the Workplace," plan to discuss the material of Activity Three thoroughly.

ACTIVITY THREE

Basic Information About AIDS

OBJECTIVE:

1. Explain and discuss:

   - What is AIDS;
   - The link between the Human Immunodeficiency virus (HIV) and AIDS;
   - How HIV is transmitted;
   - The symptoms and stages of HIV infection; and how these stages are diagnosed.

2. Discuss and dispel the myths and misunderstandings about AIDS

Methodology:

Lecture
Large Group Discussion

Materials:

Transparency No. 4.2, Common Symptoms of AIDS/ARC (See: Session One, Transparency No. 1.3)
Transparency No. 4.3, Tip of the Iceberg (See: Session One, Transparency No. 1.2)
Transparency No. 4.4, How Does One Become Exposed to HIV? (See: Session One, Transparency 1.5)
Transparency No. 4.5, Behaviors that Determine Risk (See: Session One, Transparency No. 1.6)
Transparency No. 4.6, AIDS: Fight Fear with Facts (See: Session One, Transparency No. 1.9)
Handout No. 4.1, Definitions (See: Session One, Handout No. 1.3)
Handout No. 4.2, Precautions For HIV-Infected Individuals (See: Session One, Handout No., 1.8)
Handout No. 4.3, Fight Fear with Facts (See: Session One, Handout No. 1.2)

Equipment:

Overhead projector/screen

Instructor: Please refer to Session One: Activities Three, Six, Eight, and Nine. If time permits, do Activity Seven. The materials (lectures, handouts, and overhead transparencies) of these activities should be taught during this activity. Depending on the size of the group and allotted time, select the best way to present the information contained in these sessions.

ACTIVITY FOUR

How to Develop an AIDS Policy for the Worksite

Objective: Develop an AIDS policy that ensures safety, fairness, non-discrimination, and education for all employees at the worksite.

Methodology:
Lecture
Small Group Work
Individual Work

Materials:
Handout No. 4.4, Basic Strategy for Developing an AIDS Policy
Handout No. 4.5, Components of a Good AIDS Policy
Handout No. 4.6, AIDS Policy of Mutual of Omaha
Handout No. 4.8, AIDS Policy Worksheet
Transparency No. 4.7, Advantage of Developing and Implementing a Company AIDS Policy
Transparency No. 4.8, Basic Strategy for Developing an AIDS Policy
Transparency No. 4.9, Components of a Good AIDS Policy

Equipment: Overhead projector/screen

Why Develop an AIDS Policy at the Worksite?

The best time to consider developing a policy on AIDS for your business is BEFORE there is a need. Many school systems, hospitals and health care facilities, and large businesses have developed a policy to facilitate the worksite should the need arise.

When there is no policy or guidance from management, "AFRAIDS" (a fear of AIDS) and discrimination can happen. This can result in lawsuits, employee confusion and turnover, and ultimately disruption of work. Guidance from management, education, and clear policy and procedures is the only way to help your employees understand this disease. It benefits the worksite and controls the spread of AIDS in the community.

Some companies have developed and disseminated their company philosophy on AIDS, indicating they treat it like any other catastrophic illness. Each business and company must evaluate its own situation, work culture, employee demographics, work location, and customer climate to determine which approach is most appropriate.

Instructor: Ask the participants to list the advantages of developing and implementing a company policy on AIDS. The list should include, but not be limited to, the following (Transparency No. 4.7, Advantages of Developing and Implementing a Company Aids Policy):

- Sends a corporate philosophy message to employees, customers and the community; emphasizes the value companies place on people.
- Provides human resources oversight and control on supervisor response; helps ensure a uniform, fair, compassionate and legal response.
- Provides the company position, reduces employee fear and uncertainty.

Putting Together an AIDS Policy

Instructor: Using Transparency No. 4.8, Basic Strategy for Developing an AIDS Policy, discuss the following. Pass out Handout 4.4, Basic Strategy for Developing an AIDS Policy, to facilitate discussion.

Every business must develop its own policy to fit its needs and environment. A possible approach in policy strategy development is:

- Form a task force of key personnel to develop, advise, and monitor policy development and educational efforts.
- Identify community/medical/legal experts on AIDS for guidance/education. (Instructor: Make available resources from the Resource Section.)
- Assess and analyze employee knowledge, questions, attitudes, and concerns regarding AIDS and address these areas in your policy/philosophy.
- Educate yourself and co-workers, especially senior management; gain their support.
- Collaborate with other employers, community public health department and other medical experts, and non-profit organizations for technical guidance on policy and educational effort.

- Develop and implement a company educational approach on AIDS policy/philosophy and on the disease. Identify resource persons to educate employees. (see Resource Section)

- Evaluate education impact on employees, customers, and community.

What are the Components of a Good Policy on AIDS?

Instructors: Some of the participants may have good ideas about developing an AIDS policy. Ask the participants to brainstorm a list of essential components for a good policy on AIDS. Put the ideas on the board. After the participants' list is complete, pass out Handout No. 4.5, Components of a Good AIDS Policy, and show Transparency No. 4.9, Basic Components of a Good AIDS Policy. Compare to the participant list.

Basic components of a good AIDS policy are:

- Statement of company's commitment to protect the health of all employees and provide a safe work environment.

- Statement of company's philosophy regarding the employment of an HIV-infected person.

- Statement of non-discrimination toward an HIV-infected person. Procedures for supervisors to fairly handle such cases and encouragement to treat persons with HIV infections with compassion and understanding.

- Statement protecting employee confidentiality.

- Statement providing reasonable accommodation for those employees who have AIDS and are able to work.

- Statement declaring no special transfer request acceptable unless medically indicated.

- Statement making available to all employees, education and training regarding the transmission of the disease and the risk of working with an HIV-infected person.

- Statement regarding the company's obligations to provide to an HIV-infected person, counseling, referral to support agencies, and other community resource/experts for consultation and treatment.

- Statement outlining the company's position on AIDS testing, if any.

In developing an AIDS policy for the worksite, there are two major concerns the employer needs to address.

1. Employment of a person with an HIV infection.
2. Providing services to a person with an HIV infection.

The policy on AIDS should address both concerns if the business involves working with HIV clients.

Evaluating an AIDS Policy

Instructor: Divide the participants into small groups of three or four. Pass out the sample policy (Handout No. 4.6, AIDS Policy of Mutual of Omaha). Give each small group a copy of the policy and have them analyze it based on the above listed policy components. (Handout No. 4.8, AIDS Policy Worksheet) Give the groups about 10 minutes. Call the groups back and have a spokesperson from each group present his/her group's analysis.

ACTIVITY FIVE

An AIDS Program

Objective: Discuss the implementation of an AIDS policy.

Methodology: Lecture
Large Group Discussion
Individual Work

Materials: Transparency No. 4.10, Trouble-Shooting
Handout No. 4.7, Trouble-Shooting
Handout No. 4.8, AIDS Policy Worksheet

Equipment: Overhead projector/screen

Once a policy has been drafted, a plan of action that supports the policy must also be designed and put into place. If your policy includes "commitment to protect employees, provide accommodation, respond fairly, maintain confidentiality, etc.," then your organization must be able to organize around these commitments.

Human Resource Issues

Adopting a plan to monitor and manage potential and real issues that are related to AIDS policy is a key responsibility of management. A good plan also helps to avoid problems for the workforce when responding to a co-employee with HIV. The following is a partial list of some issues that can be planned for BEFORE the problem arises:

Instructor: Have the participants brainstorm what problems and issues they anticipate in their organization. Use Transparency No. 4.10, Trouble-Shooting for further discussion. Pass out Handout No. 4.7, Trouble-Shooting, to the participants.

- Developing proper employment interviewing techniques to avoid discrimination
- Handling of medical information confidentially
- Dealing with employee rumors/slanderous jokes, fears
- Dealing with employee/supervisor concerns about death and dying
- Dealing with employee concerted action/work stoppage and applying the National Labor Relations Act.
- Dealing with transfer requests
- Dealing with arbitration concerns
- Providing guidance on AIDS testing and workplace safety concerns
- Dealing with customer problems (i.e., when customer discriminates/complains)
- Providing special benefits for overseas-assigned employees/families (safe blood supply)

Medical and Legal Concerns

The Centers for Disease Control (CDC) have indicated that there is no known **risk of transmission through normal workplace casual contact** and, outside of health care and safety professions, no special job modifications are necessary for co-workers when working with an HIV-infected person. Cafeteria workers (or any food preparation worker) need only practice the standard health practices to protect food from contact with blood or open sores.

Current legal opinion suggests that AIDS will most likely be considered a handicap as defined by the Federal Rehabilitation Act. Therefore, employees who have, or are believed to have, HIV infection may be protected under the meaning of the Act. Therefore, reasonable accommodation must be based on sound medical guidance and treated like any other long-term, life-threatening illness. Job modifications that may be appropriate might include (but are not limited to):

- restructuring the job
- instituting flextime
- reducing workload
- providing more rest breaks
- employee working from home

The advantage to "reasonable accommodation" is that the company does not lose the experienced worker when he/she is kept in employment for as long as possible.

Your Company's AIDS Policy: A Worksheet

Instructor: Pass out Handout No. 4.8, AIDS Policy Worksheet. Give each participant 5 - 10 minutes to write down some beginning thoughts. If there are several participants from the same company, they can work together. After the participants have had a chance to respond to each of the sections on the worksheet, call the group back together. Ask the participants the following questions and have the other participants respond:

- Are there any sections that you didn't understand? Which?
- Are there any sections that seemed impossible to answer because of your company's organization? Which?
- Do any of the participants have a novel idea about how to handle/execute any of the sections? What are they?
- This worksheet is just a beginning think-sheet. Your initial thoughts need to be taken back and shared with others in your organization. What parts will be difficult to explain/get cooperation? Why? What can you do about it?
- Do you have any concerns or thoughts you would like to share with this group at this time?

ACTIVITY SIX

Employee Education

Objective: Design an AIDS education program for employees of a business or organization

Methodology: Lecture
Small Group Discussion
Large Group Discussion

Materials: Handout No. 4.9, Designing An Educational Program for Your Employees
Handout No. 4.10, Issues to be Addressed in an Employee Education Program

Equipment: Not needed

Companies that have provided AIDS education to their workforce were rated high among their employees. These employees were pleased that their employers were concerned about their health and the welfare of their community. AIDS education is an essential part of putting an AIDS policy in place.

The Task Force's Role in Employee Education

The company task force on AIDS should:

- determine the overall company strategy for employee education
- consult local colloeges in planning and implementing program
- research, select and approve materials to be used
- determine how extensive the education should be
- design the most effective and efficient way to deliver the educational material

First Considerations for Employee Education

The following are important considerations for developing an educational campaign:

1. The first educational effort must be targeted at senior management. It is essential that they understand and support the company policy and need for educating the entire workforce.

2. Education provided on company time is more likely to be attended and increases management's credibility in its concern for employee welfare.

3. Educational efforts must be repeated over an extended period and continually updated medically to maintain credibility, appeal, and effectiveness. (Employees' awareness of AIDS is increased over a period of time through repeated exposure to the issues in a variety of media. This means a communications plan must include a time frame that is long enough to promote change.)

4. The goals of the employee education should be well publicized when announcing the campaign.

5. Knowledge, attitudes, and behavior are often effected through different systems of learnings. The use of multiple media including movies, lectures, seminars, handouts and payroll stuffers, small group discussions, memos, newsletters, video, audio, and posters, should be considered.

6. Be sure that the education does NOT point out or blame groups of people for the spread of AIDS. **IT IS BEHAVIOR THAT SPREADS AIDS.** Anyone engaging in high-risk behaviors runs the risk of contracting and spreading AIDS.

7. After the initial campaign at the worksite, consider broadening the target to include the employees' families, loved ones, and friends as well.

8. Design an evaluation prior to implementation. Change strategies if initial campaign is not successful.

Objectives of an Employee Education Program

All the basic AIDS information taught in the first part of this session (Activity Three) is considered essential. The pamphlets listed in the materials section of Activity Two explain what is usually needed for general information. The task force should contact local education and health resources to help develop the basic AIDS information format and delivery.

The employer's primary goal:

Develop an AIDS information campaign to educate employees about AIDS in order to:

- minimize fear and hysteria among co-workers
- prevent the spread of the disease

To achieve this goal, the educational objectives can be:
(Pass out Handout No. 4.9, Designing an Educational Program for Your Employees).

- Determine the fears and concerns of the employee and respond to each through understandable and accurate information.
- Describe how HIV is contracted.
- Define what the risks are in the workplace.

Issues to be Addressed in an Employee Education Program

The following questions may be asked during the employee education program. Review these questions with the task force. The educational program should answer these questions. (Pass out Handout No. 4.10, Issues to Be Addressed in an Employee Education Program).

What is AIDS? ARC?

1. What is AIDS? And AIDS-related complex?
2. What are the symptoms of AIDS and ARC?

How is HIV contracted? How is it spread?

1. What behaviors put one at risk?
2. How is HIV transmitted from person to person?
3. What evidence is there that HIV cannot be transmitted through casual contact?
4. Is it dangerous to eat food that has been prepared by a person infected with the virus?
5. Is it possible to contract the virus from donating blood?

What happens if one gets infected with the virus?

1. Will everyone who has been infected by HIV develop AIDS?
2. Will everyone who develops AIDS die?
3. Is there any effective treatment for AIDS?

HIV infection in society

1. How widespread is the virus?
2. How many people in the U.S. have AIDS? ARC?
3. What is the economic and psychological impact of AIDS?

How is the company responding to AIDS?

1. What is the company policy on AIDS, particularly about testing, confidentiality, and discrimination?
2. How accurate is the screening test in determining whether or not an individual has been infected by the virus?
3. Who should be tested for possible exposure to the virus?

What are the risks of AIDS in the workplace?

1. Can I get the virus from a co-worker who is infected by using the same telephone, computer, bathroom?
2. Can HIV be spread at work by drinking out of the same cup or using the same drinking fountain?
3. Can the virus be spread by a handshake, hug, or cough?
4. What if I am exposed to someone's blood during an accident at work? Should I get an AIDS antibody test?
5. To whom can I talk if I want more confidential information about AIDS at work?
6. Should I give CPR at work?

How should managers and supervisors deal with HIV-infected employees and co-workers?

1. What should I do if someone in my work group is HIV-infected?
2. How do I handle a rumor if someone in my work group is suspected of being infected?
3. Can I insist that an employee take the AIDS antibody test?
4. What if there is pressure from co-workers to fire an HIV-infected employee?
5. How do I handle the issue of confidentiality if an HIV-infected employee wishes to remain anonymous?

6. What are my legal obligations to such an employee?
7. What are my obligations to co-workers who must work with an employee who has AIDS?
8. What benefits are HIV-infected employees entitled to?
9. What should I do if employees react with a sudden outburst of panic because of a co-worker who has AIDS?
10. Is there counseling available for employees with AIDS or employees with any life-threatening illnesses?

ACTIVITY SEVEN

Evaluation

Methodology: Individual work

Materials: Handout No. 4.11, Evaluation

Instructor: Hand out the evaluation form, Handout No. 4.11, Evaluation. Encourage the participants to continue to discuss the need for leadership in the fight against the spread of AIDS in the business community. Be available for further conversation after the session ends.

Distribute the Evaluation Form. Tell participants not to put their names on the form. Ask them to be candid and constructive in their remarks. Explain that the information provided will be helpful for future course revisions.

Allow approximately 10 minutes for the participants to complete the form. When they turn in their forms, do not read them in class.

Adjourn.

AIDS: POLICY AND EDUCATION AT THE WORKSITE

OBJECTIVES:

AT THE END OF SESSION FOUR, THE PARTICIPANT WILL BE ABLE TO:

1. EXPLAIN AND DISCUSS:

   A. WHAT IS AIDS
   B. THE LINK BETWEEN THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND AIDS
   C. HOW HIV IS TRANSMITTED
   D. STAGES OF HIV INFECTION AND HOW THESE STAGES ARE DIAGNOSED.

2. DISCUSS AND DISPEL THE MYTHS AND MISUNDERSTANDINGS ABOUT AIDS.

3. DEVELOP AN AIDS POLICY THAT ENSURES SAFETY, FAIRNESS, NON-DISCRIMINATION, AND EDUCATION FOR ALL EMPLOYEES.

4. DISCUSS THE IMPLEMENTATION OF AN AIDS POLICY.

5. DESIGN AN AIDS EDUCATION PROGRAM FOR EMPLOYEES.

TRANSPARENCY NO. 4.1

ADVANTAGES OF DEVELOPING AND IMPLEMENTING

COMPANY AIDS POLICY

SENDS A CORPORATE PHILOSOPHY MESSAGE TO EMPLOYEES, CUSTOMERS AND THE COMMUNITY; EMPHASIZES THE VALUE COMPANIES PLACE ON PEOPLE.

PROVIDES HUMAN RESOURCES OVERSIGHT AND CONTROL ON SUPERVISOR RESPONSE; HELPS ENSURE A UNIFORM, FAIR, COMPASSIONATE AND LEGAL RESPONSE.

PROVIDES THE COMPANY POSITION; REDUCES EMPLOYEE FEAR AND UNCERTAINTY.

TRANSPARENCY NO. 4.7

BASIC STRATEGY FOR DEVELOPING AN AIDS POLICY

FORM A TASK FORCE OF KEY PERSONNEL TO DEVELOP, ADVISE, AND MONITOR POLICY DEVELOPMENT AND EDUCATIONAL EFFORTS.

IDENTIFY COMMUNITY/MEDICAL/LEGAL EXPERTS ON AIDS FOR GUIDANCE/EDUCATION.

ASSESS AND ANALYZE EMPLOYEE KNOWLEDGE, QUESTIONS, ATTITUDES, AND CONCERNS REGARDING AIDS AND ADDRESS THESE AREAS IN YOUR POLICY/PHILOSOPHY.

EDUCATE AND GAIN SENIOR MANAGEMENT SUPPORT.

COLLABORATE WITH OTHER EMPLOYERS, COMMUNITY PUBLIC HEALTH DEPARTMENT AND OTHER MEDICAL EXPERTS, AND NON-PROFITS FOR TECHNICAL GUIDANCE ON POLICY AND EDUCATIONAL EFFORT.

DEVELOP AND IMPLEMENT A COMPANY EDUCATIONAL APPROACH ON AIDS POLICY/PHILOSOPHY AND ON THE DISEASE.

EVALUATE EDUCATION IMPACT ON EMPLOYEES, CUSTOMERS, AND COMMUNITY.

TRANSPARENCY NO. 4.8
HANDOUT NO. 4.4

4.22 / 4.23

COMPONENTS OF A GOOD AIDS POLICY

BASIC COMPONENTS OF A GOOD AIDS POLICY ARE:

- STATEMENT OF COMPANY'S COMMITMENT TO PROTECT THE HEALTH OF ALL EMPLOYEES AND PROVIDE A SAFE WORK ENVIRONMENT.
- STATEMENT OF COMPANY'S PHILOSOPHY REGARDING THE EMPLOYMENT OF AN HIV-INFECTED PERSON.
- STATEMENT OF NON-DISCRIMINATION TOWARD AN HIV-INFECTED PERSON. PROCEDURES FOR SUPERVISORS TO FAIRLY HANDLE SUCH CASES AND ENCOURAGEMENT TO TREAT SUCH PERSONS WITH COMPASSION AND UNDERSTANDING.
- STATEMENT PROTECTING EMPLOYEE CONFIDENTIALITY.
- STATEMENT PROVIDING REASONABLE ACCOMMODATION FOR THOSE EMPLOYEES WHO HAVE ARC OR AIDS AND ARE ABLE TO WORK.
- STATEMENT DECLARING NO SPECIAL TRANSFER REQUEST ACCEPTABLE UNLESS MEDICALLY INDICATED.
- STATEMENT MAKING AVAILABLE TO ALL EMPLOYEES, EDUCATION AND TRAINING, REGARDING THE TRANSMISSION OF THE DISEASE AND THE RISK OF WORKING WITH AN HIV-INFECTED PERSON.
- STATEMENT REGARDING THE COMPANY'S OBLIGATIONS TO PROVIDE TO AN HIV-INFECTED PERSON, COUNSELLING, REFERRAL TO SUPPORT AGENCIES, AND OTHER COMMUNITY RESOURCE/EXPERTS FOR CONSULTATION AND TREATMENT.
- STATEMENT OUTLINING THE COMPANY'S POSITION ON AIDS TESTING, IF ANY.

IN DEVELOPING AN AIDS POLICY FOR THE WORKSITE, THERE ARE TWO MAJOR CONCERNS THE EMPLOYER NEEDS TO ADDRESS:

1. EMPLOYMENT OF AN HIV-INFECTED PERSON
2. PROVIDING SERVICES TO AN HIV-INFECTED PERSON

THE POLICY ON AIDS SHOULD ADDRESS BOTH CONCERNS IF THE BUSINESS INVOLVES WORKING WITH HIV CLIENTS.

TRANSPARENCY NO. 4.9
HANDOUT NO. 4.5

4.24 / 4.25

TROUBLE-SHOOTING

ADOPTING A PLAN TO MONITOR AND MANAGE POTENTIAL AND REAL ISSUES THAT ARE RELATED TO AIDS POLICY IS A KEY RESPONSIBILITY OF MANAGEMENT. A GOOD PLAN ALSO HELPS TO AVOID PROBLEMS FOR THE WORKFORCE WHEN RESPONDING TO A CO-EMPLOYEE WITH HIV. THE FOLLOWING IS A PARTIAL LIST OF SOME ISSUES THAT CAN BE PLANNED FOR BEFORE THE PROBLEM ARISES:

- DEVELOPING PROPER EMPLOYMENT INTERVIEWING TECHNIQUES TO AVOID DISCRIMINATION.
- HANDLING OF MEDICAL INFORMATION CONFIDENTIALLY.
- DEALING WITH EMPLOYEE RUMORS/SLANDEROUS JOKES, FEARS.
- DEALING WITH EMPLOYEE/SUPERVISOR CONCERNS ABOUT DEATH AND DYING.
- DEALING WITH EMPLOYEE CONCERTED ACTION/WORK STOPPAGE AND APPLYING THE NATIONAL LABOR RELATIONS ACT.
- DEALING WITH TRANSFER REQUESTS.
- DEALING WITH ARBITRATION CONCERNS.
- PROVIDING GUIDANCE ON AIDS TESTING AND WORKPLACE SAFETY CONCERNS.
- DEALING WITH CUSTOMER PROBLEMS (I.E., WHEN CUSTOMER DISCRIMINATES/COMPLAINS).
- PROVIDING SPECIAL BENEFITS FOR OVERSEAS-ASSIGNED EMPLOYEES/FAMILIES (SAFE BLOOD SUPPLY).

TRANSPARENCY NO. 4.10
HANDOUT NO. 4.7

4.26 / 4.27

An Example of an AIDS Policy

(This is a copy of one major employer's policy and guidelines for AIDS)

INTERNAL GUIDELINES

Confidentiality

Fundamental to the companies' response to AIDS is the desire to respect the rights and concerns of those with AIDS, ARC, or the AIDS virus as well as those who are free of these conditions. The decision whether or when to disclose the diagnosis of AIDS or ARC to others is a very personal one for the victim. An employee's medical diagnosis is personal information and such information, if known by the companies, shall be held in confidence.

Role of Health Service and Employee Assistance Program (EAP)

The Health Service Manager will coordinate all AIDS-related inquiries or problems and will ensure that current information about AIDS/ARC is available to employees. Training for managers will be provided to assist them in communicating with employees about AIDS related issues. Educational programs for all employees will be developed. (See Educational Programs) Individual counseling will be provided as necessary by Health Service and/or the EAP Administrator to managers on the necessity for confidentiality in the handling of AIDS-related cases as well as the most appropriate way to assist an employee who has AIDS. Counseling on internal and community resources and procedures for handling medical claims directly with Employees Insurance will be available to any employee identifying himself or herself as having AIDS.

Coordination with Other Departments

In general, all work-related situations involving AIDS/ARC shall be handled in the same manner as would any situation involving a life-threatening illness. A cooperative effort has consistently taken place and will continue to take place with Health Service, EAP, Counseling, EEO, Employment and Employee Insurance with regard to personnel matters. The appropriate assistance, communication, and referral will be available to the employee, manager or co-workers by a cooperative interface between these areas. Maintaining confidentiality will be a key consideration when interfacing between areas.

Manager's Response

If an employee tells a manager that he/she has AIDS, the manager should respond with support and concern, just as they would for any other serious illness. The manager should encourage the employee to seek additional assistance and counseling by contacting the Health Service Manager/or the EPA Administrator. If and when the employee has difficulty with job performance and/or attendance problems due to his or her illness, arrangements should be made through Health Service to obtain written

authorization to contact the employee's physician. Such information would include diagnosis, prognosis, and job restrictions or limitations. Questions from managers or other employees regarding AIDS issues should be referred to the Health Service Manager or the EAP Administrator.

Workplace Issues

It is the companies' policy to consider AIDS/ARC victims as handicapped/disabled individuals and to treat them in the same manner as other handicapped individuals according to Federal, State, and Municipal EEO laws and regulations. AIDS/ARC victims will be treated in the same manner under the Company policy as other handicapped individuals.

Allegation of Discrimination

Allegations of discrimination by AIDS/ARC victims should be referred to the EEO/AA Department and will be investigated following usual procedures and appropriate counseling provided in an attempt to resolve the concern.

Accommodations

Requests for accommodations will be handled in the same manner used with other handicapped/disabled employees. Accommodations will be based upon physician's statement of restrictions as well as the feasibility of making the accommodation based on business need, cost, etc. If restrictions cannot be accommodated, the employee will become eligible for accumulated sick leave, disability, and other medical leave to the extent provided by current policy. Accommodations in regard to AIDS will be made in accordance with all federal, state, and local laws and regulations and in accordance with current company policy.

Disclosure

The companies, following established company policy regarding disclosure of employee health information, will not disclose to other employees that a worker has AIDS. Since the kind of intimate contact associated with transmission of this disease does not normally occur in the workplace and does not pose a safety risk, the company is under no obligation to disclose such information to employees nor is it required to deviate from established corporate policy for dealing with confidential employee information.

Objections of Co-workers

Several situations could arise involving co-workers, either individually or in groups, related to their fear of contact with a victim or suspected victim. Situations such as this should be referred to the Counseling Department. "Refusal to work" or threat of a "walkout" could be considered insubordinate and grounds for disciplinary action. First, however, sensitivity must be shown to the real concerns of co-workers normally based on lack of information regarding this illness. It is difficult to anticipate every possibility, but the most urgent situations will probably involve groups of employees reacting out of fear to rumors.

The following steps are not mandatory but may be used in total or in part as appropriate:

1. Counseling will call an emergency meeting of appropriate personnel (Health Service, Counseling, EAP, the manager and officer of the area, etc.). An immediate plan of action will be formulated.

2. Co-workers will be called together to meet with appropriate personnel, including the manager and officer of the area. A specific information/educational presentation will be conducted, allowing for questions and answers and discussions of company policy.

3. Through consultation with the Counseling Department, the manager would verbally warn the employees that continued refusal to work will result in disciplinary action which could lead to involuntary termination.

4. If employee(s) continue with insubordinate behavior, involuntary termination for insubordination will be considered.

If a request for transfer is made on the basis of fear of contact with an AIDS/ARC victim, the co-worker will be referred to Health Service/EAP for individual education and counseling. Individuals who request a transfer will be advised that posting for other jobs is available if eligibility requirements are met. No special efforts will be made to help an employee transfer specifically for this reason.

RESPONSE TO A CRISIS

In the event that a crisis situation develops Companywide, in response to rumors and fear of working with AIDS victims, the Companies will issue a letter to all employees. The letter will:

1. Outline the facts on AIDS.

2. Offer and publicize educational sessions available to associates.

3. Refer individual questions to Health Service or Employee Assistance.

A sample letter follows on page 4.35.

As noted in the letter, the educational sessions would be held on a voluntary basis. These sessions would be 30-40 minutes in length. Health Services would coordinate the program and representatives from other units of the Personnel Division would be present to assist in answering questions. A tentative agenda is as follows:

. Introduction (5-10 minutes)

- Video tape - "AIDS - What Everyone Needs to Know" (18 minutes)

and/or

- Guest speaker from the community
- Questions and Answers (10 minutes)

Employment Issues

As with other illnesses or disabilities, pre-employement inquiries about AIDS must be job related. The companies require a medical exam prior to employment to determine the applicant's ability to perform the job. After employment has begun, companies may require a medical exam for any job-related reason. An example is when the employee's work performance appears inadequate resulting from a physical disability. The companies may refuse to hire or retain an employee only if the disability substantially interferes with the ability to do the job or could pose a reasonable probability of substantial harm to others.

SPECIAL CIRCUMSTANCES

Food Service Workers

Current medical research shows no evidence that the AIDS virus can be transmitted through food. All food service workers should follow recommended standards and practices of good personal hygiene in food sanitation as outlined by Health Department regulations. All food service workers should exercise care to avoid injury to hands when preparing food. Should such an injury occur, food contaminated with blood will be discarded. Finger and hand cuts sustained by Food Service workers should be cared for by Health Service staff and a glove worn until the injury is healed. Surfaces contaminated with blood should be cleaned with a household bleach solution (1 to 10 dilution). Food Service workers should be routinely trained in how to prevent the transmission of any and all communicable diseases and the importance of good handwashing technique.

Health Service Workers

Health care employees should take precautions and be extremely careful in handling hypodermic needles, sharp instruments, or other instruments that have been contaminated with blood. Laboratory personnel should wear gloves when working with specimens. Surfaces and equipment contaminated with blood, urine, or other body fluids should be cleaned with a household bleach solution (1 to 10 dilution).

Employees' Insurance

One of the first concerns of an employee with AIDS/ARC might be the benefits payable for medical bills being incurred and the confidentiality in the handling of these bills. The health diagnosis involving all claims for Home Office employees is confidential and access is restricted to only those

personnel actually processing a claim. In AIDS-related cases, claims will be submitted directly to the manager of Employees' Insurance for handling. The claim files containing the hospital bills, claims forms, etc., will be maintained in a special locked file and the AIDS diagnosis will not be reflected on any records or files. Special mailing envelopes will be made available to the employee to use in submitting medical bills. The employee can also supply these envelopes to the hospital, doctor, etc., to use in submitting bills. This will ensure bills going directly to the Employees' Insurance manager rather than being opened in Mailing and routed to various departments in an attempt to identify the insured.

RECOMMENDED RESPONSE TO INQUIRIES

Are there any cases of AIDS at <u>(company's name)</u>?

Answer: It is (company's name) policy that specific information of this nature is privileged and confidential. The County Health department has advised that AIDS, a syndrome defining the symptoms and signs of a special virus infection, is present in North Carolina. We anticipate that it may be possible that some employees may have the virus of the disease and may in time develop the AIDS syndrome. We would never divulge this information on specific AIDS cases since it constitutes an invasion of privacy and confidentiality in a matter that is not a threat to the health of others in the workplace.

Pamphlets are available in Health Service that summarize this information that should resolve any fear or anxiety that you have in this matter.

We're concerned that someone working in <u>XXX</u> Division where we work may have AIDS.

Answer: It is (company's name) policy that specific information of this nature is privileged and confidential. We know that AIDS has been reported in the State of North Carolina. Since we are a part of our community, it would not be surprising to have a few persons that now, or in the future, may have the AIDS virus. It is a company policy that such individuals may continue to work at the company so long as their health permits because we acknowledge that AIDS is not a threat to the health of fellow employees in the place.

Pamphlets are available in Health Service that summarize this information that should resolve any fear or anxiety that you have in this matter.

SAMPLE LETTER TO ASSOCIATES

TO ALL ASSOCIATES:

In the past few days rumors have been circulating regarding whether or not we have employees with AIDS in the workplace. We want to share some important facts with you.

AIDS is caused by a virus that affects the body's ability to fight infection. A diagnosis of AIDS is made when a person develops a life-threatening illness not usually found in a person with a normal ability to fight infection. People infected with the virus may develop symptoms of AIDS or AIDS Related Complex, or they may remain in apparent good health.

AIDS is a serious disease, but no one should be afraid of catching it at work. AIDS is not transmitted through casual contact. You cannot catch AIDS from a cough, a sneeze, a handshake or a hug, nor can you catch it from food no matter who prepared or served the food. The AIDS virus is not spread by use of bathroom facilities or water fountains.

AIDS is spread by sexual contact, needle sharing, and rarely through transfused blood or its components.

We know this letter cannot answer certain individual questions you may have or resolve your concern about stories you may have heard. Therefore, we will be holding informational meetings to give interested employees the opportunity to learn more about AIDS and have your questions answered.

For your convenience, the meetings have been scheduled at different times during the lunch period for daytime employees and during an evening hour for nighttime employees. The schedule is as follows:

DATES	TIME	LOCATION

Your health and safety are of great concern to the companies. We want you to be well informed so that you will not worry needlessly. If you are unable to attend a meeting, but have a question you want answered, please feel free to call personnel, the manager of Health Services, or your own physician.

Sincerely,

Executive Vice President
Director of Personnel

AIDS POLICY WORKSHEET

This worksheet is provided for you to begin thinking about how you will put together and implement an AIDS policy. Briefly jot down your ideas. If you have trouble understanding a section or if you are unsure how to go about the task of a section, you can ask the group for assistance.

Who in your organization should serve on the AIDS task force?

What would be the best way to gain the cooperation of the senior management? List two or three strategies.

What ways can you assess senior management and employee knowledge, questions, attitudes, and concerns regarding AIDS? List two methods.

Check the following:

DOES YOUR COMPANY HAVE:	HAS	DOESN'T HAVE	INCLUDE IN AIDS POLICY
A statement/policy to "protect the health of all employees and provide a safe workplace."	___	___	___
Statement of company's philosophy regarding the employment of an HIV-infected person.	___	___	___
Statement of non-discrimination toward an HIV-infected person. Procedures for supervisors to fairly handle such cases and encouragement to treat such persons with compassion and understanding.	___	___	___
Statement protecting employee confidentiality.	___	___	___
Statement providing reasonable accommodation for those employees who have ARC and are able to work.	___	___	___
Statement declaring no special transfer request acceptable unless medically indicated.	___	___	___
Statement making available to all employees the education and training regarding the transmission of the disease and the risk of working with an HIV-infected person.	___	___	___
Statement regarding the company's obligations to provide to an HIV-infected person the counseling, referral to support agencies, and other community resource/experts for consultation and treatment.	___	___	___
Statement outlining the company's position on AIDS testing, if any.	___	___	___

DESIGNING AN EDUCATIONAL PROGRAM FOR YOUR EMPLOYEES

The company task force on AIDS should:

- Determine the overall company strategy for employee education
- Select and approve materials to be used
- Determine how extensive the education should be
- Design the most effective and efficient ways to deliver the educational materials

The following are important considerations for developing an educational campaign:

- The first educational effort must be targeted at senior management. It is essential that they understand and support the company policy and need for educating the entire workforce.

- Education provided on company time is more likely to be attended and increases management's credibility in its concern for employee welfare.

- Educational efforts must be repeated over an extended period and continually updated medically to maintain credibility, appeal, and effectiveness. (Employees' awareness of AIDS is increased over a period of time through repeated exposure to the issues in a variety of media. This means communications plans must include a time frame that is long enough to promote change.)

- The goals of the employee education should be well publicized when announcing the campaign.

- Knowledge, attitudes and behavior are often effected through different systems of learnings. The use of multiple media, including movies, lectures, seminars, handouts and payroll stuffers, small group discussions, memos, newsletters, video, audio, and posters should all be considered.

- Be sure that the education does NOT point out or blame groups of people for the spread of AIDS. **IT IS BEHAVIOR THAT SPREADS AIDS.** Anyone engaging in high-risk behaviors runs the risk of contracting and spreading AIDS.

- After the initial campaign at the worksite, consider broadening the target to include the employee's families, loved ones, and friends as well.

- Design an evaluation prior to implementation. Change strategies if initial campaign is not successful.

Handout No. 4.9

PROPOSED EDUCATIONAL PROGRAMS

- Article in newsletter or memo to Managers/Supervisors informing them of the

  1. Guidelines and companies' position on AIDS
  2. Group presentations available on AIDS in the Workplace

- Programs on AIDS in the Workplace for Managers/Supervisors

- Article in company newsletter

- Educational Display on AIDS for all employees

- Video on "AIDS - What Everyone Needs to Know." (Shown over lunch hour)

- Small group discussions, educational displays, newsletter, articles, etc., as need arises

ISSUES TO BE ADDRESSED IN AN EMPLOYEE EDUCATION PROGRAM

The following questions may be asked during the employee education program. Review these questions with the task force. The educational program should answer these questions.

What is AIDS? ARC?

1. What is AIDS?
2. What is ARC?
3. What are the symptoms of AIDS?
4. What are the symptoms of ARC?

How is HIV contracted? How is it spread?

1. What behaviors put one at risk?
2. How is HIV transmitted from person to person?
3. What evidence is there that HIV cannot be transmitted through casual contact?
4. Is it dangerous to eat food that has been prepared by a person infected with the virus?
5. Is it possible to contract the virus from donating blood?

What happens if one gets infected with the virus?

1. Will everyone who has been infected by HIV develop AIDS?
2. Will everyone who develops AIDS die?
3. Is there any effective treatment for AIDS?

HIV infection in society

1. How widespread is the virus?
2. How many people in the U.S. have AIDS? ARC?
3. What is the economic impact of AIDS?

How is the company responding to AIDS?

1. What is the company policy on AIDS, particularly about testing, confidentiality and discrimination?
2. How accurate is the screening test in determining whether or not an individual has been infected by the virus?
3. Who should be tested for possible exposure to the virus?

What are the risks of AIDS in the workplace?

1. Can I get the virus from a co-worker who is infected by using the same telephone, computer, bathroom?
2. Can HIV be spread at work by drinking out of the same cup or using the same drinking fountain?
3. Can the virus be spread by a handshake/hug/cough?
4. What if I am exposed to someone's blood during an accident at work? Should I get an AIDS antibody test?
5. To whom can I talk if I want more confidential information about AIDS at work?
6. Should I give CPR at work?

How should managers and supervisors deal with HIV-infected employees and co-workers?

1. What should I do if someone in my work group is HIV-infected?
2. How do I handle a rumor if someone in my work group is suspected of being infected?
3. Can I insist that an employee take the AIDS antibody test?
4. What if there is pressure from co-workers to fire an HIV-infected employee?
5. How do I handle the issue of confidentiality if an HIV-infected employee wishes to remain anonymous?
6. What are my legal obligations to such an employee?
7. What are my obligations to co-workers who must work with an employee who has AIDS?
8. What benefits are HIV-infected employees entitled to?
9. What should I do if employees react with a sudden outburst of panic because of a co-worker who has AIDS?
10. Is there counseling available for employees with AIDS or employees with any life-threatening illnesses?

EVALUATION

AIDS: Policy and Education at the Worksite

Date: _____

Instructor's Name: _____

Age Category:
20-30 _____
31-40 _____
41-50 _____
51-60 _____
60 + _____

Sex: ___M ___F

Private Business _____
Government Agency _____
Other, Specify _____

Which of the following topics were the most helpful to you?
(Check the appropriate ones)

_____ Movie, "An Epidemic of Fear"
_____ Basic Education about AIDS
_____ How to Develop an AIDS Policy for the Worksite
_____ A Worksite AIDS Program
_____ Employee Education

Which best describes your assessment of this workshop?
(Check the appropriate ones)

_____ Session provided exactly what I needed for my company/organization
_____ The information was new; I learned a lot personally
_____ The information was presented in a beneficial way
_____ Other, specify

What type of presentations were most interesting and helpful?
(Check the appropriate ones)

_____ Instructor's lecturette
_____ Film
_____ Large group discussions
_____ Small group discussion/activities
_____ Handouts
_____ Worksheet
_____ Transparencies

Can you recommend any changes that would make this workshop more helpful and interesting?

As a result of this workshop do you now have a better understanding of:

_____ AIDS
_____ The importance of AIDS policy formation
_____ How to put together an AIDS Education Program for your company
_____ How to put together an AIDS policy for your company.

AIDS RESOURCE SECTION

AIDS Service Organizations in NC 5.1

Speaker's Bureau, NC Medical Society 5.3

AIDS Resources for Teachers and Students in NC 5.5

AIDS Resource Materials 5.7

Toll-Free AIDS Hotlines 5.9

AIDS: A Multimedia Bibliography 5.11

Questions You Might Be Asked by Students 5.21

AIDS Knowledge and Attitudes Survey 5.31

Infection Control Guidelines for Caregivers 5.45

Infection Control Guidelines for Family 5.47

Summary of New Communicable Disease Law and Regulations. 5.49

AIDS and HIV Infection 5.51

General AIDS Control Measures 5.53

Reportable Diseases and Conditions 5.55

AIDS SERVICE ORGANIZATIONS IN NORTH CAROLINA

The following AIDS Service Organizations are members of the North Carolina AIDS Service Coalition which seeks to improve the quality and availability of health care, support, and education for those affected by and concerned with HIV infections. These groups provide community education on AIDS and can assist in the teaching of this curriculum. They can speak to your classes and provide educational material. There are numerous task forces, health departments and other groups that also conduct AIDS education throughout the state. Contact the AIDS Control Program for these groups.

AIDS Task Force of Winston-Salem
P.O. Box 2982
Winston-Salem, NC 27102
919/723-5031

AIDS Resource Project of GROW
P.O. Box 4535
Wilmington, NC 28406
919/675-9222

E.R.A.S.E.
P.O. Box 1296
Greenville, NC 27834
919/355-4568

The AIDS Services Project
P.O. Box 3203
Durham, NC 27705
919/688-5777

Metrolina AIDS Project
P.O. Box 32662
Charlotte, NC 28232
704/333-2437

TRIAD Health Project
P.O. Box 5716
Greensboro, NC 27435
919/275-1654

Western NC AIDS Project
P.O. Box 2411
Asheville, NC 28802
704/252-7489

SPEAKER'S BUREAU, NORTH CAROLINA MEDICAL SOCIETY

P.O. Box 27167, Raleigh, North Carolina

Physicians willing to speak about AIDS. Call the AIDS Control Program for the most recent listing, 919/733-7301.

Don C. Chaplin, M.D.
Kernodle Clinic, Inc.
Burlington, NC 27215
919-227-3621

Tim Lane, M.D.
1200 N. Elm Street
Greensboro, NC 27401
919-379-4062

Mario G. Fiorilli, M.D.
220 Smith Church Road
Roanoke Rapids, NC 27870
919-535-3001

Leslie L. Taylor, III, M.D.
P.O. Box 210
Smithfield, NC 27577-0210
919-934-7030

W.O. Duck, M.D.
Drawer 729
Mars Hill, NC 28754
704-689-2411

Richard Worf, M.D.
508 Wood Street
Troy, NC 27371
919-572-3656

David Barker, M.D.
110 Grover Street
Shelby, NC 28150
704-484-0117

Jared N. Schwartz, M.D.
P.O. Box 33549
Charlotte, NC 28233
704-371-4814

Peter G. Pappas, M.D.
1302 Medical Center Drive
Wilmington, NC 28401
919-763-3651

Cheryl F. McCartney, M.D.
UNC, Wing D. 208-H
Chapel Hill, NC 27514
919-966-4551

Rebecca Wheeler, M.D.
1200 N. Elm Street
Greensboro, NC 27401
919-379-4062

Robert Reibold, M.D.
506 Park Hill Court
Hendersonville, NC 28739
704-692-3539

Ray Bouzigard, M.D.
North Clinic
Kinston, NC 28501
919-527-7077

Michael A. Hennigan, M.D.
53 Main Street
Hamlet, NC 28345
919-582-0004

Stanley Sliwinski, M.D.
P.O. Box 1460
Statesville, NC 28677
704-652-3351

Paul T. Yun, M.D.
P.O. Box 2195
Marion, NC 28752
704-652-3351

Randall Mercier, M.D.
1902 N. Sandhill Blvd.
Aberdeen, NC 28315
919-692-4011

A. Stanley Link, Jr., M.D.
1401-B Old Mill Circle
Winston-Salem, NC 27103
919-765-8420

5.2 / 5.3

W. Beverly Tucker, M.D.
Ruin Creek Road
Henderson, NC 27536
919-492-3152

Barbara Lowe, M.D.
700 Tilghman Drive
Dunn, NC 28334
919-872-1056

Frederick D. Austin, M.D.
615 E. 12th Street
Washington, NC 27889
919-946-2101

Frank Miller, M.D.
2609 N. Duke Street
Durham, NC 27704

Randy Goodwin, M.D.
66-68 Lake Concord Drive
Concord, NC 28025

Thomas E. Hooper, M.D.
Internal Medicine Associates
P.O. Box 3188
Wilson, NC 27893
919-243-5505

Dennis Polley, M.D.
Wilson Dermatological Associates
Wilson, NC 27893

Robert Kreeger, M.D.
Nash General Hospital
Curtis Ellis Drive
Rocky Mount, NC 27801
919-443-8172

Samuel B. Joyner, M.D.
200 E. Northwood Street
Greensboro, NC 27401
919-274-7609

Darilyn Dealy, M.D.
445 Biltmore Ctr., Ste. 404
Asheville, NC 28801
704-258-9635

Ora Wells, M.D.
103 Pine Street
Brevard, NC 28712

Margaret Swanton, M.D.
Sampson Memorial Hospital
Clinton, NC 28328
919-592-8511

Charles Ellenbogen, M.D.
Fayetteville AHEC
1601 B. Owen Drive
Fayetteville, NC

Harry Dascomb, M.D.
Wake AHEC, 3000 New Bern Ave.
Raleigh, NC 27610
919-755-8520

Evan Ashby, M.D.
ASU Infirmary
104 Pheasant Ridge
Boone, NC 28607

Joseph Bergeron, M.D.
Wilson Memorial Hospital
Wilson, NC 27893

Douglas D. Sheets, M.D.
Tryon Road
P.O. Box 1208
Rutherfordton, NC 28139
704-287-7383

John Hunter, M.D.
1202 Medical Center Drive
Wilmington, NC 28403
919-762-2990

Leo Waivers, M.D.
ECU School of Medicine
School of Medicine
Greenville, NC 27834
919-551-4633

Samuel Pegram, M.D.
2332 Elizabeth Ave.
Winston-Salem, NC 27103
919-748-4246

AIDS RESOURCES FOR TEACHERS AND STUDENTS IN NORTH CAROLINA *

Organizations and Hotlines

AIDS Program
N.C. Department of Environment, Health and Natural Resources
Division of Health Services
P.O. Box 2091
Raleigh, NC 27602
919-733-3419

Local Health Departments

Local AIDS Service Organizations (see attached list)

National AIDS Hotlines
1-800-342-AIDS (recorded message)
1-800-443-0366

Films and Videos

Available from N.C. Department of Environment, Health and Natural Resources
Division of Health Services
Roger G. Whitley Audiovisual Library
P.O. Box 2091
Raleigh, NC 27602

AIDS: What Everyone Needs to Know
1986, 18 min., 16mm
For general audiences from junior high to adult; general information on AIDS, its history, impact on the immune system, risk reduction.

(The AIDS Program is currently reviewing other films and videos on AIDS for young people. Several should be purchased soon and will be available from the Whitley Library.)

Available from the North Carolina Library Film Services. Order through local libraries.

1. AIDS: Chapter 1
1985, 57 min., 1/2" VHS video
For general audiences high school to adult; an episode from the Nova television series; contains fairly technical scientific information; traces efforts to determine the cause of AIDS; includes interviews with persons with AIDS.

* **Newer Resources may be available. Instructors are encouraged to update this list.**

2. AIDS: Profile of an Epidemic
1986, 58 min., 1/2" VHS video
For general audiences high school to adult; covers history of AIDS, immune system, psychosocial issues (includes interviews with persons with AIDS), problems of stigma and discrimination, pediatric AIDS, school issues, risk reduction.

3. AIDS: What Everyone Needs to Know
1986, 18 mon., 16mm
For general audiences from junior high to adult; general information on AIDS, its history, impact on the immune system, risk reduction.

4. An Early Frost
1985, 99 min., 1/2" VHS video
Dramatization of an American family trying to cope with their son's diagnosis of AIDS.

Printed Material - Background for Teachers

"AIDS - A Public Health Crisis." Population Reports. Series L, Number 6. July-August 1986.

Brandt, Allan M., No Magic Bullet. New York: Oxford University Press, 1987. (Final chapter of updated, paperback edition is an excellent overview of the social and political aspects of AIDS - "Plagues and Peoples," pp. 183-204.)

"Confronting AIDS: Directions for Public Health, Health Care, and Research: Excerpts from a Report by the Institute of Medicine and the National Academy of Sciences." Issues in Science and Technology. Winter 1987, pp. 92-101.

Jennings, Chris. Understanding and Preventing AIDS. Cambridge: Health Alternative Press, 1985.

Koop, C.E. Surgeon General's Report on AIDS. Washington, D.C.: U.S. Public Health Service Public Affairs Office, 1986. (For single copies write: AIDS, P.O. Box 14252, Washington, D.C. 20044)

Brochures for Students

"Could I Get It? AIDS Information for Teenagers." Dimension Communications Network, P.O. Box N, Laurel, MD 20707. 301-953-3699. $.20 each for quantities under 100.

"What Everyone Should Know About AIDS." AIDS Program, Division of Health Services, P.O. Box 2091, Raleigh, NC 27602. 919-733-3419. Free.

AIDS RESOURCE MATERIALS

Limited quantities of the following materials are available through:

AIDS Control Program
N.C. Department of Environment, Health and Natural Resources
Division of Health Services
P.O. Box 2091
Raleigh, NC 27602
919-733-7301

Brochures:

What Everyone Should Know About AIDS
Information for Persons with A Positive HIV Antibodies Test Result
AIDS and the Black Community
What Evey Woman Should Know about AIDS
(Other brochures are planned for teens, gay men, and drug users)

DHS Guidelines:

Prevention of Transmission in Schools
Prevention of Transmission in Day Care Centers
Foodhandlers
Prevention of Perinatal Transmission
Protocol for HIV Testing for Childbearing-Age Women and Persons with TB Infection

Other Guidelines/Policies Available:

Funeral Homes/Mortuaries
Hospitals and Laboratories
Home Care
CPR
Dental Care Settings
Opthalmologic Care Settings
Emergency Care
Workplace
Colleges

AIDS VIDEOS/FILMS

The following materials are available through:

N.C. Department of Environment, Health and Natural Resources
Division of Health Services
Roger Whitley Audiovisual Library
P.O. Box 2091
Raleigh, NC 27602
919-733-3471

General Public:

AIDS: What Everyone Needs to Know. Churchill Films - VHS and 16 mm
Beyond Fear. American Red Cross - VHS

Young People:

The Subject is AIDS. O.D.N. Productions - VHS

Sex, Drugs, and AIDS. O.D.N. Productions - VHS

The AIDS Movie. Durrin Films - VHS and 16mm

AIDS: The Disease and What We Know. Sunburst Communications VHS and filmstrip

EMT's, Police, and Firefighters:

AIDS and Your Job - What You Should Know. National Audiovisual Center - VHS

Health Care Workers:

What if the Patient has AIDS. National Audiovisual Center - VHS

Employers:

An Epidemic of Fear - AIDS in the Workplace. San Francisco AIDS Foundation - VHS

TOLL-FREE AIDS HOTLINES

Several hot lines have been established across the country to provide information and answer questions about HIV infection and its treatment.

New York City Dept. of Health
Special Services: Anonymous telephone information about all aspects of AIDS and the HIV-III antibody test.
Referral to sites other than blood collection agencies for antibody testing.
(718)HTLV-III
9am-9pm, except Sunday

Children and Youth AIDS Hot Line, Elinstein College of Medicine, Bronx NY
(212)430-3333

Gay Men's Health Crisis, Inc., New York, NY
(212)807-6655

Hemophilia Foundation, New York, NY
(212)682-5510

IV Substance Abuse-AIDS Hot Line, Beth Israel Medical Center, New York, NY
(212)420-4141

Haitian Coalition
((718)855-0972

Long Island AIDS Hot Line
(516)444-AIDS

New Jersey AIDS Hot Line
(201)596-0767

Metrolina AIDS Project
(704)333-2432

American Red Cross
Greater Carolinas Chapter
(704)376-1661

AIDS Office, New Jersey Dept. of Health, Trenton NJ
(800)624-2377 (within NJ)
(800)367-6543 (outside NJ)

National AIDS Hot Line, Sponsored by CDC, Atlanta GA
(800)342-AIDS

Chicago, IL
(800)AID-AIDS

For calls within Florida only
(800)332-AIDS

Washington, DC
(202)332-AIDS

Dallas AIDS Project
(214)351-4335

San Francisco AIDS Foundation
(800)367-AIDS(in northern CA)
(800)922-AIDS(in southern CA)
(800)FOR-AIDS

San Francisco AIDS Activity Office
(415)863-AIDS

AIDS Hot Line of the AIDS Project/Los Angeles
(213)871-AIDS

San Diego AIDS Project
(619)260-1034

N.C. Department of Insurance
Consumer Service Division
Regarding AIDS
Insurance Coverage
1 (800) 662-7777
(919)733-2030

AIDS: A MULTIMEDIA BIBLIOGRAPHY

There has never been anything like AIDS. Not since the flu epidemic of 1918 has there been so deadly a malady. Not since the polio epidemic of the early 1950's has a public-health crisis evoked such panic. Yet the panic and the gravity of the reasons for it were long in being generally acknowledged. In this country, AIDS has disproportionately strickened despised or discounted minorities: gay men, IV drug addicts, hemophiliacs, prostitutes. This peculiarity seriously hampered timely response to the disease. The publishing world has scrambled to catch up. This bibliography is a distillation of that ongoing attention. It consists of library materials, print and nonprint, on AIDS for the general public.

None of the items included addresses a specialized audience. Some speak first to gay men, yet all appeal and pertain to anyone concerned about containing AIDS and ministering intelligently and compassionately to persons with AIDS, ARC (AIDS-related conditions), or HIV (Human immunodeficiency virus) infection.

Titles for the books for adults section of the list are sorted into five categories. General works present overviews of AIDS and its impacts. Guides to health care help both those directly affected by HIV and those caring for them to maximize their physical and emotional well-being. Works on prevention primarily counsel how to avoid getting or spreading HIV. Books to enlighten our understanding communicate the experiences of living with AIDS as a personal affliction and as a fundamental social problem. Finally, books examining the social issues of the epidemic are listed.

The five nonfiction and two fiction titles in the young adult section represent books for teenagers about AIDS. Each adult book listed that was previously recommended for young adults is marked by the YA symbol after the imprint. Subscribers are encouraged to consult the original reviews and YA recommendations for more complete information on content, evaluation, and suggested audience.

The video and film titles and one filmstrip were selected.

Instructors are encouraged to update this list and use the latest publications and audio-visuals.

BOOKS FOR ADULTS

HEALTH CARE

Martelli, Leonard J., and others. **When Someone You Know Has AIDS: A Practical Guide.** Crown, 1987.

Martelli, whose lover dies of an AIDS-related illness, traverses the journey from diagnosis to death from the caretaker's perspective. His advice is eminently practical and the testimonies of other caretakers whom he quotes are profoundly moving.

Moffatt, Betty Clare and others, Editors. **AIDS: A Selfcare Manual.** IBS Press, Santa Monica, CA, 1987.

A handbook of advice on psychological and physical health, preventive and precautionary measures, and business affairs for both persons infected by HIV and those who care for them personally as well as professionally.

O'Connor, Tom and Ahmed Gonzalez-Nunez. **Living with AIDS: Reaching Out.** Corwin Publishers, San Francisco, CA, 1987.

O'Connor has lived with ARC for seven years and has investigated an astonishing array of conventional and alternative therapies. His is the most sensible, accessible, and balanced of several holistic health works on AIDS, genuinely open-minded in considering drugs, nutrition, exercise, emotional health, and the other components of an HIV-infected person's health-maintenance regimen.

Reed, Paul. **Serenity.** Celestial Arts, 1987.

Gay men are the primary intended audience for this inspirational but strictly nonreligious brief. Reed's advice on changing sexual attitudes and modifying life-styles, however, may help anyone who is downcast about the end of the old-style, promiscuous sexual revolution.

GENERAL

Frumkin, Lyn, and John Leonard. **Questions and Answers on AIDS.** Avon, 1987. **YA**

Unbiased answers to 189 pertinent queries on all aspects of the AIDS health crisis. Emphasis is on factual information; no advice on safe sex or other opinions are hazarded.

Gong, Victor, and Norman Rudnick, Editors. **AIDS: Facts and Issues**. Revised Edition. Rutgers University, 1986. **YA**

A comprehensive reader comprising 24 articles and a resource list, all by reputable authorities. Some medical information is outdated, e.g., "the AIDS-related virus now called HIV is still referred to as "HTLV-III/LAV."

PREVENTION

Douglas, Paul Harding, and Laura Pinsky. **The Essential AIDS Fact Book: What You Need to Know to Protect Yourself, Your Family, All Your Loved Ones.** Pocket, 1987. **YA**

Bare-bones information on the disease and how to avoid it, invaluably including specific advice for IV drug users along with the expected safe-sex basics.

Norwood, Chris. **Advice for Life: A Woman's Guide to AIDS Risks and Prevention.** Pantheon, 1987.

Since there is no public AIDS education program directed to women, Norwood takes up the gauntlet. Her advice on how to question dates about their sexual histories, how to use condoms correctly, and how to tell children about AIDS is particularly valuable.

Preston, John and Glenn Swann. **Safe Sex: The Ultimate Erotic Guide.** NAL/Plume, 1987.

A set of fantasies about noninsertive gay sex, aimed at encouraging men to act out similar scenarios. With a little imagination, heterosexuals might be inspired too since safe-sex books for them have yet to suggest noncoital alternatives.

Ulene, Art. **Safe Sex in a Dangerous World: Understanding and Coping With the Threat of AIDS.** Random/Vintage, 1987. **YA**

The TV medical adviser readably provides safe-sex information, insisting that sexual abstinence is the only fully safe sex. While indisputably true, his position will strike some as unrealistic conservatism, others as admirable moral rectitude.

UNDERSTANDING

Fortunato, John E. **AIDS, The Spiritual Dilemma.** Harper, 1987.

Largely a work of Christian consolation. Fortunato's effort is best in its appraisal of the challenges gays and AIDS are making to orthodox Christianity, whose institutions have been either slow or patronizing in helping persons with AIDS.

Hoffman, William M. **As Is: A Play.** Random/Vintage, 1987.

A prizewinning play uses the course of one man's illness as the basis for an exploration of personal and social reactions to AIDS.

Kramer, Larry. **The Normal Heart.** NAL/Plume, 1985.

The author-activist's autobiographical play dramatizes his role in founding the New York AIDS organization, Gay Men's Health Crisis, and his subsequent expulsion from it for being too confrontational toward a foot-dragging city administration. Gut-wrenching drama that voices most of the political and life-style issues AIDS has crystallized for gay men.

Moffatt, Betty Clare. **When Someone You Love Has AIDS: A Book of Hope for Family and Friends.** Revised Edition. NAL/Plume, 1987.

The mother of an AIDS-afflicted gay man relays his and other AIDS sufferers' stories and tells of her own recovery from cancer, offering inspiration to others in similar situations and hopeful enlightenment on daily living with debilitating sickness.

Money, J. W. **To All the Girls I've Loved Before: An A.I.D.S. Diary.** Alyson, 1987.

The notes of a man dying of AIDS: memories of a most unusual life mixed with wry observations about his illness in an amusing and valiant last testament.

SOCIAL ISSUES

Altman, Dennis. **AIDS in the Mind of America.** Doubleday/Anchor, 1986.

The Australian gay liberationist compares political and social reactions to AIDS in several countries as he examines how the malady's identification with American gay men seriously impaired early efforts to deal with it.

Hancock, Graham, and Enver Carim. **AIDS: The Deadly Epidemic.** David & Charles, 1987.

A globe-straddling report on AIDS and its impact on the nations it has strickened. The devastation of poor, mostly African populations is emphasized as one element in the "fundamental crisis" of economic underdevelopment.

Shilts, Randy. **And the Band Played On: Politics, People, and the AIDS Epidemic.** St. Martin's, 1987.

An exhaustive chronicle of the five-year political, scientific, and social battle to force government, the medical and blood-bank establishments, the news media, and gay men to take AIDS seriously. Written in exciting, novelistic style by a reporter who has covered AIDS since 1981, this is the great public affairs expose of the 1980s.

BOOKS FOR YOUNG ADULTS

NONFICTION

Hall, Lynn, and Thomas Modl, Editors. **AIDS.** Greenhaven Press, 1987.

A collection of articles and excerpts debates controversial issues associated with AIDS, among them the questions of whether government response to the outbreak has been sufficient and whether AIDS carriers should be barred from the workplace.

Hyde, Margaret O., and Elizabeth H. Forsyth. **AIDS: What Does it Mean to You?** Revised Edition. Walker, 1987.

A reliable team of nonfiction writers dispels misconception about AIDS and presents information on cause, associated opportunistic infections, and transmission, along with insights into the practical and emotional cost on its victims.

LeVert, Suzanne. **AIDS: In Search of a Killer.** Messner, 1987.

Including the moving case histories of two PWAs (persons with AIDS), LeVert lends a sense of the human tragedy involved as she provides basic background on the virus and examines associated civil rights and economic issues.

Nourse, Alan E. **AIDS (Impact).** Watts, 1986.

One of the most medically detailed teenage books on AIDS, Nourse's treatment features strong discussions of the functioning of the immune system and how the HIV virus breaks it down, accompanied by necessary background on discovery and cause.

Silverstein, Alvin, and Virginia Silverstein. **AIDS: The Deadly Threat.** Enslow, 1986.

Establishing AIDS as a problem of international scope, the authors offer both humanistic and medical perspectives on the syndrome, embracing discussion of several of the ethical dilemmas AIDS has prompted.

FICTION

Kerr, M. E. **Night Kites.** Harper, 1986.

Eric Rudd's relationship with solitary, offbeat classmate Nicki puts him in a sphere apart from his old friends and allows him to keep his brother's AIDS a secret while he tries to accept it himself.

Miklowitz, Gloria D. **Good-Bye Tomorrow**. Delacorte, 1987.

In a frank, sensitive novel, a popular high school senior, who contracts HIV from a blood transfusion, suffers not only the debilitating effects of AIDS-related complex but also falls victim to the prejudices and misconceptions associated with the disease.

VIDEO AND FILM

AIDS: Chapter One. Ambrose Video Publishing, 17E. 80th St., New York, NY 10020. 1985. 57 minutes.

Concentrating primarily on research at the Centers for Disease Control as well as other U.S. and foreign facilities, this somber "Nova" documentary probes the probable causes, symptoms, and effects of the devastating AIDS virus. (Ages 16-adult)

AIDS: In Search of a Miracle. (Managing Our Miracles: Health Care in America) Columbia University Seminars on Media and Society, 204 Journalism, New York, NY 10027, 1986. 60 minutes.

The piquing controversies raised by AIDS-related issues are stirringly debated by a panel of medical, legal, and social observers. (Adult)

AIDS in Your School. Peregrine Productions, 330 Santa Rita Ave., Palo Alto, CA 94301, 1987. 23 minutes.

Formatted like a television newsmagazine, this carefully scripted program, featuring teen hosts, well-designed graphics, and interviews with AIDS patients and health-care experts, offers nonjudgmental counsel about preventing infection. (Ages 12-adult)

The AIDS Movie. New Day Films, 22 Riverview Dr., Wayne, NJ 07470, 1986. 26 minutes.

An AIDS educator effectively provides a class of high school students with needed information about AIDS, personalized by the intercut histories of afflicted patients. (Ages 14-adult)

The AIDS Show: Artists Involved with Death and Survival. Direct Cinema, P.O. Box 69589, Los Angeles, CA 90069, 1986. 58 minutes.

Excerpts from a theatrical production movingly spotlight the emotional pain that ravages AIDS patients and their lovers, friends, and families. (Adult)

AIDS: What Everyone Needs to Know. Revised. Churchill Films, 662 N. Robertson Blvd., Los Angeles, CA 90069, 1987. 20 minutes.

A candid, updated survey that introduces and charts the history, prevention, symptoms, and transmission of AIDS through patient and educator interviews, animation, and photography. (Ages 14-adult)

About A.I.D.S. Pyramid Film and Video, Box 1048, Santa Monica, CA 90406, 1986. 18 minutes.

Presupposing a basic knowledge of AIDS, this clinical production uses photomicrographic stills and arresting graphics to transmit its abstract but compelling message. (Adult)

Beyond Fear. Modern Talking Picture Service, 5000 Park St. N. St. Petersburg, FL 37709, 1986. 60 minutes.

Sponsored by the American Red Cross, this extremely lucid three-part presentation, characterized by comprehensive coverage and effective visuals, deals in turn with the virus, the individual, and the community. (Adult)

The Burks Have AIDS. Phoenix/BFA Films & Video, 468 Park Ave., S. New York, NY 10016, 1985. 17 minutes.

A poignant story of the first mainstream American family reported to have AIDS is combined with expert interviews detailing the need for changes in behavior and the promise of research. (Ages 16-Adult)

Can AIDS Be Stopped? Coronet Film & Video, 108 Wilmot Rd. Deerfield, IL 60015, 1986. 58 minutes.

Haunting visual images, personal experiences, and authoritative observations as well as excellent research summaries contribute to this "Nova" documentary's memorable explanation of the disease. (Ages 16-adult)

Doors Opening: A Positive Approach to AIDS. Hay House, 3029 Wilshire Blvd., Suite 206, Santa Monica, CA 90404, 1985. 55 minutes.

Offering a holistic, spiritual approach to coping with the disease, Californian Louise L. Hay demonstrates her alternative healing program of meditation, nutrition, and exercise. (Adult)

Killer in the Village. Films Inc. 5547 N. Ravenswood Ave. Chicago, IL 60640, 1983. 56 minutes.

One of the earliest film investigations of AIDS, this is a gripping documentation of the then mysterious disease's discovery, spread in the U.S., cause, and treatment. (Adult)

Life, Death, and AIDS. Films Inc., 5547 N. Ravenswood Ave., Chicago, IL 60640, 1986. 52 minutes.

Tom Brokaw anchors this enlightening program that relies primarily on a panel of national medical experts, augmented by charts, photomicrographs, computer graphics, and footage of AIDS patients in the U.S. and Africa, to highlight general AIDS information. (Ages 16-adult)

Men, Women, Sex, and AIDS. Films Inc., 5547 N. Ravenswood Ave., Chicago, IL 60640, 1987. 52 minutes.

Similar to Life, Death and AIDS, above, this TV documentary standardly surveys four areas of concern: changing sexual habits, education, cure, and cost to spotlight the increasing incidence of the epidemic disease. (Ages 16-adult)

Not Ready to Die of AIDS. Films for the Humanities, P.O. Box 2053, Princeton, NJ 08540, 1987. 52 minutes.

A forthright, sympathetic portrait of a likable, determined telephone company employee who defied the odds by returning to work 16 months after being diagnosed with AIDS. (Ages 16-adult)

Sex, Drugs, and AIDS. O.D.N. Productions, 74 Varick St., New York, NY 10013, 1986. 18 minutes.

Compelling production techniques, clarifying information about transmission of the virus, and identifiable dramatizations draw teens into grappling with important issues in a concise and forthright manner. (Ages 15-adult)

The Subject Is: AIDS. O.D.N. Productions, 74 Varick St., New York, NY 10013, 1987. 17 minutes.

Similar in content to O.D.N.'s Sex, Drugs, and AIDS, above, this concise and forthright production considers abstinence as a positive alternative to AIDS prevention. (Ages 15-adult)

Your Biological Guide to AIDS. Films Inc., 5547 N. Ravenswood Ave., Chicago, IL 60640. 1987.

Laboratory models, labeled diagrams, photomicrographs, and cinemicrography help elucidate facts on AIDS transmission, prevention, symptoms, and treatment in this precise British production that nonjudgmentally but candidly discusses various sensitive issues. (Ages 16-adult)

FILMSTRIPS

AIDS. Society for Visual Education. 1345 Diversey Pkwy., Chicago, IL 60614. 1987.

An informative, authoritative script with helpful annotations allows this well-planned set to be presented in a variety of ways to classroom viewers. (Grades 6-12)

QUESTIONS YOU MIGHT BE ASKED BY STUDENTS

(Adjust the language of the answers to fit the vocabulary level of the students)

1. Q. Where did AIDS come from?

   A. The exact time and place of orgin of AIDS is unknown, and there is still international debate over the issue. But it is important to remember that we have never known when and where <u>most</u> diseases began. Knowing where a disease first came from is not nearly so valuable as knowing how to prevent it, and that is information we do know about AIDS.

   Much of the speculation about the beginning of AIDS centers on Africa in the mid 1970's. Green monkeys have been suggested as the source. But no one yet really knows, and maybe no one ever will. However, just because we do not know where a disease came from does not mean that there is something "mysterious" or "suspicious" about it. There is no reason to believe that the HIV virus did not arise through natural mutation or infect people through accidental transmission from another animal species, just as other diseases probably first occurred.

2. Q. Will there be a vaccine for AIDS? Or a cure?

   A. Medical scientists do not expect to have a vaccine for general use anytime in the near future, although they are certainly working on it. Vaccines are difficult to create because they depend on introducing some part of a germ, or a weakened or dead germ, into the body so that the body can develop immunity to the germ. It is not easy to develop a vaccine that will result in immunity but not accidentally give a person the disease. Of course, no vaccine developed in the future could help those who are already infected.

   No cure for AIDS exists now. At present one drug, AZT, is licensed for use to help slow the growth of the virus, but AZT does not destroy the HIV virus. A disease such as AIDS is particularly difficult to cure because the genetic material of the virus actually becomes a part of human cells, and the human cells then do the work of reproducing more viruses. The problem is: how do you destroy the parasite (virus) without hurting the host (human cells) when the virus has become part of the cells?

   Since no vaccine or cure is in sight, the best way you can protect yourself is abstinence from sexual intercourse and intravenous drug use.

3. Q. How long can the HIV virus be in people before they get sick?

   A. Since AIDS is a relatively new disease, no one yet knows for sure how long it could eventually take, but it appears that it might take up to ten or more years. Many people who have been infected for many years now have not become sick, while some people have developed ARC (AIDS-Related Complex) and some have developed AIDS. It will probably take many years before enough information has been collected to answer this question well. But anyone who has been infected stays infected for life and can infect others, even if he or she doesn't feel or appear sick.

4. Q. Does everyone who is infected get AIDS? Do all people who have AIDS die?

   A. Those are hard questions to answer because AIDS has not been studied for very many years and because the disease can take ten or more years to develop after infection. But here is some information provided by studies to date:

   Once a person is infected with HIV

   - 20 to 30% of infected persons get AIDS within 5 years.
   - 70% get AIDS or ARC within 7 years after infection.

   Once a person develops AIDS

   - 50% of persons with AIDS die within one year after diagnosis
   - 80% die within two years after diagnosis.
   - No one has ever completely recovered from AIDS.

5. Q. What are the signs of AIDS?

   A. Many of the symptoms of AIDS are also symptoms of such minor illnesses as colds and flu. But with AIDS, the symptoms don't go away, or they keep coming back. Some of these symptoms include unexplained tiredness; unexplained weight loss (more than 10 per cent of body weight); fever or night sweats; diarrhea; white spots on the tongue or mouth; swollen lymph glands in the neck, armpits, and groin; dry cough not caused by a cold or flu; and red, blue, or purple blotches that look like bruises but don't go away and are located on the skin, inside the mouth, nose, eyelids, or rectum.

   This list of signs and symptoms should not be used to try to diagnose a health problem in yourself or another person. If you have an unusual condition or problem in or on your body, you should see a physician for help.

6. Q. Why do people with AIDS sometimes get other diseases?

   A. The HIV virus actually attacks the immune system of people. So, people who have AIDS have weak immune systems. When our immune systems are weak, we are less able to fight off many diseases.

   Two of the diseases that people with AIDS sometimes get include a rare form of skin cancer (Kaposi's sarcoma) and a rare form of pneumonia (pneumocystis carinii pneumonis). Opportunistic illnesses such as these (they take advantage of the "opportunity" presented by a weak immune system) can sometimes result in death.

7. Q. Can you get AIDS in swimming pools, hot tubs, or lakes? Or from bathtubs or toilet seats?

   A. No, there isn't any evidence at all to believe that people get AIDS in these ways. The HIV virus is spread almost entirely by sexual intercourse and by sharing the syringes and needles used to inject drugs intravenously. The HIV virus cannot easily survive for long outside of the liquids of the body. The most important liquids (those most likely to contain the virus in an amount and condition necessary to infect others) are blood, semen, and vaginal secretions. And the virus cannot normally infect another person unless it enters directly into the bloodstream.

   You can imagine how difficult it would be for a sufficient number of HIV viruses to leave one person through blood, semen, or vaginal secretions, be diluted by water, survive in an environment for which they are not adapted (e.g., chlorine in pools and hot tubs destroys the virus), and find another person who has an opening directly into his or her blood stream. The odds against this happening are so high that they are not worth considering. One might as well worry about being killed by a falling comet!

8. Q. Is there a risk of AIDS by sharing makeup, hair brushes, or combs?

   A. No. There are no recorded cases of any of these articles spreading AIDS. But personal grooming articles can spread lice and possibly other diseases. It is best not to share these items.

9. Q. How about sharing toothbrushes or razors? Couldn't they carry HIV infected blood from one person to another?

   A. Although no cases of this happening have ever been reported, it is <u>theoretically</u> possible. (And there is a big difference between <u>possible</u> and <u>probable!</u> Remember, AIDS is hard to get except through sexual intercourse and intravenous drug use.) The best policy is not to share personal grooming or hygiene items for many reasons.

10. Q. I've heard that the HIV virus has been found in tears and saliva. Could you get AIDS by kissing, or by using a CPR mannequin?

A. The HIV virus has been identified in some samples of tears and saliva, but only in very small amounts (concentrations). Small concentrations of germs are less dangerous than large concentrations. But no cases of the spread of AIDS by saliva (or tears) have been found, although scientists have investigated the possibility. For example, studies have been done of children who live in the same home with another child who has AIDS, and no cases of transmission from one child to another have been recorded, although the children put each other's toys in their mouths and even bit each other.

No cases of transmission of the HIV virus by kissing have been reported, either. If kissing were an easy method of transmitting the virus, there certainly would be many more cases of HIV infection than are known to exist! Nevertheless, a cautious person should be careful about deep, intimate kissing, particularly with a person who might be at high-risk of AIDS because of his or her sexual or drug-using behavior.

CPR mannequins are not known or suspected to be a problem. Standard cleansing measures and current CPR practicing procedures recommended by the Red Cross and American Heart Association are sufficient to prevent any possible risk of AIDS. (The AIDS virus is not strong. It is easily destroyed by detergents, heat, and disinfectants.) But for those who worry, personal plastic shield are available for practicing CPR on a mannequin.

It should be reassuring to know that even health care workers who have given mouth-to-mouth resuscitation to HIV-infected persons have not contracted AIDS in that way.

11. Q. What if someone gets hurt and bleeds in sports or physical education class? Can you get AIDS if the blood gets on you?

A. Let's look at what would have to happen in order for you to be infected this way. First, you can't get infected unless the person who is bleeding is already infected, and AIDS is still a pretty rare disease among young people. So, your chance of getting blood on you from someone who is infected is slim to begin with.

Second, your skin would protect you from the HIV virus, just as it protects you from all of the other germs that surround all of us all the time. So you would have to have a break in <u>your</u> skin in order to be infected. The chances of both the first and second circumstance happening at the same time make your chances of infection still smaller.

Third, the viruses from the other person's blood would have to enter into your bloodstream. But that wouldn't be easy because your blood is coming out of the break in your skin. (Have you ever tried to push running water back into a faucet?)

So, adding these factors together, your chances of getting AIDS through sports or physical education are incredibly small -- perhaps millions to one odds against getting AIDS, and, in fact, there are no known cases of anyone ever getting AIDS this way.

Of course, if you do get someone's blood on your skin, you should wash thoroughly with soap and water as soon as possible. Blood can carry many diseases, and it has always been healthy advice to clean oneself after contact with another's blood.

If you care about risks to your health, as most people do, you would be far better off to take such precautions as always wearing your seat belt, eating a low-fat diet, or not smoking rather than worrying about getting AIDS in ways other than through sexual intercourse or intravenous drug use. Sex and drugs are the AIDS risks that young people should be concerned about. Otherwise, AIDS is hard for the average person to get.

12. Q. What if I have to touch someone who is bleeding to help him out, or what if I have to clean up blood?

A. Latex gloves can give you extra protection in these situations. But anytime you come in contact with another person's blood or body secretions, it is good hygienic practice to wash your hands with soap and water. Other people's blood or body secretions can carry many diseases, many of them much easier to get than AIDS.

13. Q. Can you get AIDS by living with, or going to school with, someone who has it?

A. There is no risk of casual spread of AIDS. No one has ever been shown to have contracted AIDS in these ways, even people who have shared towels, eating utensils, household furniture, and bed linens. People, young or old, who have AIDS need attention, kindness, and caring. There is no reason to avoid them, treat them unkindly, or fear them.

14. Q. Can you get AIDS from a restaurant if a restaurant worker who has AIDS prepares or serves the food?

A. No. There is no evidence that AIDS has ever been transmitted in these ways and no reason to believe that it could be. The HIV virus is not spread by food or eating utensils, or by sneezing or coughing. Since people don't get AIDS by living in the same house with a person who has it, there isn't any reasonable chance of getting it in a restaurant either. The HIV virus is fragile and doesn't survive easily outside the human body.

15. Q. They use needles for ear-piercing, tattoos, and acupuncture. Could you get AIDS that way?

A. Yes, there is a possibility of getting AIDS in these ways if the people who use the needles don't properly sterilize them between clients or don't use new needles each time. The blood on these needles could be just as dangerous as the blood on the needles and syringes that people use to inject drugs intravenously. Sharing needles gives the HIV virus a direct route from the inside of one person's bloodstream to the inside of another's. But even so, no cases of AIDS resulting from tattoos, acupuncture, or ear-piercing are known to have occurred.

16. Q. Mosquitoes suck blood from people. Can they, or other insects, carry the virus from one person to another?

A. Some mosquitoes do carry some diseases, such as malaria, from one person to another. So it might seem logical to think that they could also carry AIDS, but there is no evidence to suggest that this is true for mosquitoes or any other insects, including ticks and lice.

In the case of the mosquito, for example, the disease-causing organisms that mosquitoes are known to transmit have part of their life cycles in mosquitoes and are dependent on the mosquito for survival. The organisms reproduce in the mosquito and pass from the mosquito's stomach to the mosquito's salivary glands in large enough concentrations that they can infect another person when the mosquito injects a tiny amount of saliva into a person before sucking up more blood. The organisms may have to live in the mosquito for a long time between mosquito "meals."

The HIV virus is not adapted to passing through the mosquito's body to the salivary glands, does not reproduce in the mosquito's body, and does not live very long in the mosquito. And there is no reason to believe that the virus could survive in the minute amount of blood that might remain on the tiny proboscis of the mosquito after it consumes blood. This may explain why there is no evidence that mosquitoes transmit the HIV virus. And, in any cases, if mosquitoes or other insects carried the HIV virus from one person to another, many people with AIDS would be found whose source of the disease could not be explained in any of the more common ways. But this has not happened.

17. Q. Can you get AIDS by donating blood?

A. Absolutely not! The people who take blood donations are well-trained and always use new needles to draw your blood.

18. Q. Can you get AIDS from blood transfusions?

A. Recipients of blood transfusions and hemophiliacs who receive certain blood components are at almost no risk now, due to blood testing methods, the discouragement of high-risk persons from

donating blood, and heat treatment for the blood products that hemophiliacs need. These protective procedures were adopted in 1985. Most of the cases of HIV infection resulting from blood transfusions occurred before 1985.

19. Q. I have heard that 5% of AIDS cases can't be explained. Nobody knows how they got the disease. How can anyone be sure they didn't get it by casual contact, from a restaurant, swimming pool, or mosquitoes? How can I be sure I can't get it in those ways?

A. Actually, about 3% of AIDS cases have undetermined sources. Here are some of the reasons why: some people refuse to cooperate with an AIDS investigation, some don't tell the truth about their high-risk behaviors, some die before they can be questioned, and some are still in the process of being investigated. And, of course, some people really don't know or don't remember how they might have gotten AIDS, but that does not mean that there isn't a perfectly logical explanation. Every known case of AIDS is thoroughly investigated and it is clear that the ways people get AIDS are not mysterious.

20. Q. Most of the people who have AIDS are homosexual men in their twenties, thirties, and forties. Why do the rest of us have to worry?

A. People who don't engage in high-risk behaviors, whether they are homosexuals or not, <u>don't</u> have to worry. But it is not unusual for an epidemic disease to first appear in a particular population group and then to spread to the rest of the people. Now, only people who do not participate in high-risk sexual or drug-using behavior can consider themselves safe from AIDS.

21. Q. Should I get tested for HIV infection? Should everyone be tested?

A. There is no simple "Yes" or "No" answer to this question. If you have not engaged in behaviors that would place you at risk for AIDS, there is no reason for you to take the test. On the other hand, if your test results show that you are infected, then you should take special precautions to help you prevent passing the virus on to someone else. And, because an infected mother can pass the virus to her unborn infant, women at risk for AIDS should be tested before they consider becoming pregnant.
All local health departments in North Carolina offer testing for the antibody to HIV. There are two reasons to go to your local health department if you are interested in the test. First, testing at local health departments is free and you don't even have to give your name. Second, counseling about the test and meaning of the test results is very important. The staff at local health departments have been trained to give you the information and counseling you need to decide whether or not to be tested and what the test results mean.

22. Q. What about health care workers? Can doctors, dentists, and nurses get AIDS from their patients?

A. Taking care of persons with AIDS, or any people who have communicable diseases, means that the health care worker must take basic precautions that have been part of standard procedures for many years before AIDS. Health care workers need to wear latex gloves when they come into contact with blood, semen, vaginal secretions or other body fluids of all patients -- not just those who have AIDS. Because AIDS is not casually spread, it is not necessary for health care workers to wear special gowns, masks, gloves, or other protective devices when coming in to talk with a person with AIDS, to give the patient a bath, to touch their skin, or to give them medicine. A person with AIDS needs support, understanding, and kindness just like anybody else who has a life-threatening disease.

In studies of 1,500 health care workers who have been exposed to HIV by accidentally sticking themselves with contaminated needles, splashing infected blood in their eyes or mouths, or cutting themselves with contaminated scalpels, only three have clearly become infected with HIV.

Also, thousands of health care workers have taken care of HIV-infected persons, often without knowing it. But AIDS is no more common among health care workers than it is among the general population. This clearly demonstrates that AIDS is truly hard to get except through high-risk sex and drug-use behaviors.

23. Q. If AIDS is hard to get, why isn't it hard to get through sexual intercourse and intravenous drug use, too?

A. When intravenous drug users share needles or syringes, blood can be carried directly from the inside of one person's bloodstream to the inside of another person's bloodstream. And sometimes drug users "flush" a syringe (to get every bit of the drug) by pulling some of their own blood back into the syringe and then reinjecting their own blood. If a second person uses the syringe, and even if he or she cleans the needle on the outside, some of the first person's blood may still be inside. In this case, the second person actually "pumps" the first person's blood into his or her own bloodstream. This very direct transmission of blood is on reason why intravenous drug use is so dangerous.

Another reason why intravenous drug users are especially at risk is that they often share needles and syringes with many different people. Drug users may be addicted to their drugs and, to feed their addiction, inject drugs regularly and frequently. So they have many opportunities to be infected.

Sexual intercourse can be very dangerous because the HIV virus seems "specialized" for the purpose of being transmitted that way. Most living creatures are specialized in the sense that

they grow or reproduce well only under certain conditions -- fish in the sea, or grass in warm, moist weather, or the germ that causes Rocky Mountain spotted fever by living for a while in ticks, for example.

Germs that cause sexually-transmitted diseases (STD) are specialized to be transmitted by sexual intercourse. The HIV virus, for example, is found in both semen and vaginal secretions, as well as blood. Many germs are not. And when people have sexual intercourse, especially anal intercourse, sometimes sensitive body tissues may be slightly torn so that the virus has a direct route from the infected person into the other person's bloodstream. Further, the HIV virus may be able to pass directly through the mucous membrane of the vagina during sexual intercourse even if there is no tissue damage.

This is why condoms are often used for protection from AIDS, although they don't always work perfectly. In as many as 10-15% of couples who say they use condoms for contraception, the woman gets pregnant anyway. When they are used properly, condoms help to keep blood, semen, and vaginal secretions from passing from one person to another during intercourse. Condoms work best in vaginal intercourse when used with a spermicide containing nonoxynol-9. It is not known whether spermicide is safe for anal intercourse.

The answers to these questions represent the best available information at the time of publication. We thank Drs. Jared Schwarz and Rebecca Meriwether for reviewing this information, but the North Carolina Department of Public Instruction and State Board of Education retain full responsibility for the selection, organization, and phrasing of the content for educational purposes.

AIDS KNOWLEDGE AND ATTITUDES SURVEY: ADVANCEDATA

There are several ways that the AIDS Knowledge and Attitude Survey can be used:

- This survey can be given to your students in addition to, or instead of, Handout 1.1: The Subject is AIDS: Pre-test and Post-test Questionnaire, which is assigned in Activity Two.

- You may be able to determine how educated your students are about AIDS if you administer this survey before you actually start teaching session one. You would then know which activities to stress in session one, especially if you are limited timewise.

- You could evaluate your students as well as the effectiveness of this curriculum (by looking for a change in attitudes and knowledge for each student and/or for the class in general) upon re-administering this survey after completing session one, and/or after completing session four.

- The Advancedata AIDS Knowledge and Attitudes article discussed the results that were obtained when this same survey was administered nationwide. You may wish to share this with your students. If you administer this survey to your class, you may wish to compare their results with those nationwide.

- You may choose to assign a special project using this survey in some fashion. For instance, you could attempt to measure the knowledge and attitudes of the student body on your campus and compare them with those of your class and nationwide.

- You may want to add or delete any information from the survey's questions and answers that is not pertinent for your class.

AIDS KNOWLEDGE AND ATTITUDES SURVEY *
BY AGE AND SELECTED CHARACTERISTICS

1990

Age: _____ Under 18 years
_____ 18-29 years
_____ 30-49 years
_____ 50 years and over

Sex: _____ Male
_____ Female

Race: _____ White
_____ Black
_____ Other

Marital Status: _____ Married
_____ Unmarried

---

1. Have you ever head of AIDS? When was the last time you saw, heard, or read something about AIDS?

_____ 0-3 days ago
_____ 4-7 days ago
_____ 8-14 days ago
_____ 15-31 days ago
_____ More than 31 days ago
_____ Never heard of AIDS
_____ Don't know

2. Compared to most people, how much would you say you know about AIDS?

_____ A lot
_____ Some
_____ Little
_____ Nothing
_____ Don't know

3. a. AIDS is a disease caused by a virus.

_____ Definitely true
_____ Probably true
_____ Probably false
_____ Definitely false
_____ Don't know

b. AIDS can cripple the body's natural protection against disease.

_____ Definitely true
_____ Probably true
_____ Probably false
_____ Definitely false
_____ Don't know

S.32/S.33

c. AIDS is especially common in older people.

_____ Definitely true
_____ Probably true
_____ Probably false
_____ Definitely false
_____ Don't know

d. The AIDS virus can damage the brain.

_____ Definitely true
_____ Probably true
_____ Probably false
_____ Definitely false
_____ Don't know

e. AIDS usually leads to heart disease.

_____ Definitely true
_____ Probably true
_____ Probably false
_____ Definitely false
_____ Don't know

f. AIDS leads to death.

_____ Definitely true
_____ Probably true
_____ Probably false
_____ Definitely false
_____ Don't know

4. a. Where do you get most of your information about AIDS?

_____ Television
_____ Newspapers
_____ Magazines
_____ Radio
_____ Relatives and friends
_____ Brochures/fliers/pamphlets
_____ Doctor/HMO/clinic
_____ Other
_____ Don't know

b. Of the sources you just told me, from which one do you get the most information?

_____ Television
_____ Newspapers
_____ Magazines
_____ Radio
_____ Relatives and friends
_____ Brochures/fliers/pamphlets
_____ Doctor/HMO/clinic
_____ Other
_____ Don't know

5. a. If you wanted more specific information about AIDS, where would you get it?

_____ Doctor/HMO/clinic
_____ Public health department
_____ Library
_____ AIDS hot line
_____ Other
_____ Don't know

b. Which one source would you most likely use?

_____ Doctor/HMO/clinic
_____ Public health department
_____ Library
_____ AIDS hot line
_____ Other
_____ Don't know

6. a. A person can be infected with the AIDS virus and not have the disease AIDS.

_____ Definitely true
_____ Probably true
_____ Probably false
_____ Definitely false
_____ Don't know

b. You can tell if people have the AIDS virus just by looking at them.

_____ Definitely true
_____ Probably true
_____ Probably false
_____ Definitely false
_____ Don't know

c. Any person with the AIDS virus can pass it on to someone else during sexual intercourse.

_____ Definitely true
_____ Probably true
_____ Probably false
_____ Definitely false
_____ Don't know

d. A pregnant woman who has the AIDS virus can give AIDS to her baby.

_____ Definitely true
_____ Probably true
_____ Probably false
_____ Definitely false
_____ Don't know

e. There is a vaccine available to the public that protects a person from getting the AIDS virus.

_____ Definitely true
_____ Probably true
_____ Probably false
_____ Definitely false
_____ Don't know

f. There is no cure for AIDS at present.

_____ Definitely true
_____ Probably true
_____ Probably false
_____ Definitely false
_____ Don't know

7. How likely do you think it is that a person will get the AIDS virus from--

a. Receiving a blood transfusion?

_____ Very likely
_____ Somewhat likely
_____ Somewhat unlikely
_____ Very unlikely
_____ Definitely not possible
_____ Don't know

b. Donating or giving blood?

_____ Very likely
_____ Somewhat likely
_____ Somewhat unlikely
_____ Very unlikely
_____ Definitely not possible
_____ Don't know

c. Living near a hospital or home for AIDS patients?

_____ Very likely
_____ Somewhat likely
_____ Somewhat unlikely
_____ Very unlikely
_____ Definitely not possible
_____ Don't know

d. Working near someone with AIDS?

_____ Very likely
_____ Somewhat likely
_____ Somewhat unlikely
_____ Very unlikely
_____ Definitely not possible
_____ Don't know

e. Eating in a restaurant where the cook has AIDS?

_____ Very likely
_____ Somewhat likely
_____ Somewhat unlikely
_____ Very unlikely
_____ Definitely not possible
_____ Don't know

f. Kissing--with exchange of saliva--a person who has AIDS?

_____ Very likely
_____ Somewhat likely
_____ Somewhat unlikely
_____ Very unlikely
_____ Definitely not possible
_____ Don't know

g. Shaking hands with or touching someone who has AIDS?

_____ Very likely
_____ Somewhat likely
_____ Somewhat unlikely
_____ Very unlikely
_____ Definitely not possible
_____ Don't know

h. Sharing plates, forks, or glasses with someone who has AIDS?

_____ Very likely
_____ Somewhat likely
_____ Somewhat unlikely
_____ Very unlikely
_____ Definitely not possible
_____ Don't know

i. Using public toilets?

_____ Very likely
_____ Somewhat likely
_____ Somewhat unlikely
_____ Very unlikely
_____ Definitely not possible
_____ Don't know

j. Sharing needles for drug use with someone who has AIDS?

_____ Very likely
_____ Somewhat likely
_____ Somewhat unlikely
_____ Very unlikely
_____ Definitely not possible
_____ Don't know

k. Kissing on the cheek a person who has AIDS?

_____ Very likely
_____ Somewhat likely
_____ Somewhat unlikely
_____ Very unlikely
_____ Definitely not possible
_____ Don't know

l. Being coughed or sneezed on by someone who has AIDS?

_____ Very likely
_____ Somewhat likely
_____ Somewhat unlikely
_____ Very unlikely
_____ Definitely not possible
_____ Don't know

m. Attending school with a child who has AIDS?

_____ Very likely
_____ Somewhat likely
_____ Somewhat unlikely
_____ Very unlikely
_____ Definitely not possible
_____ Don't know

n. Mosquitoes or other insects?

_____ Very likely
_____ Somewhat likely
_____ Somewhat unlikely
_____ Very unlikely
_____ Definitely not possible
_____ Don't know

o. Pets or animals?

_____ Very likely
_____ Somewhat likely
_____ Somewhat unlikely
_____ Very unlikely
_____ Definitely not possible
_____ Don't know

p. Having sex with a person who has AIDS?

_____ Very likely
_____ Somewhat likely
_____ Somewhat unlikely
_____ Very unlikely
_____ Definitely not possible
_____ Don't know

8. Have you ever heard of a blood test for infection with the AIDS virus?

_____ Yes
_____ No
_____ Don't know

9. Does this test tell whether a person has the disease AIDS?

_____ Yes
_____ No
_____ Don't know
_____ Never heard of test (no/don't know to q. 8)

10. If a person has a positive blood test for infection with the AIDS virus, does this mean that they can give someone else the AIDS virus through sexual intercourse?

_____ Yes
_____ No
_____ Don't know
_____ Never heard of test (no/don't know to q. 8)

11. Have you ever had your blood tested for infection with the AIDS virus?

_____ Yes
_____ Yes, in blood donation/transfusion
_____ No
_____ Don't know
_____ Never heard of test (no/don't know to q. 8)

12. a. Have you ever thought about having this blood test?

_____ Already had test
_____ Yes
_____ No
_____ Don't know
_____ Never heard of test (no/don't know to q. 8)

b. Do you plan to be tested in the next 12 months?

_____ Already had test
_____ Yes
_____ No
_____ Don't know
_____ Never heard of test or thought about having test (no/don't know to q. 8 or q. 12a)

13. Where would you go to have a blood test for the AIDS virus infection?

_____ Nowhere/wouldn't take test
_____ AIDS clinic
_____ Other clinic
_____ Doctor/HMO
_____ Red Cross/blood bank
_____ Other
_____ Don't know

14. Where would you go to find out where to have this blood test?

_____ AIDS hot line
_____ AIDS clinic
_____ Doctor/HMO
_____ Friends
_____ Public health department
_____ Other
_____ Nowhere
_____ Don't know

15. Have you donated blood since 1985?

_____ Yes
_____ No
_____ Don't know

16. Have you ever personally known anyone who had the blood test for the AIDS virus infection?

_____ Yes
_____ No
_____ Don't know

17. What are the chances of someone you know getting the AIDS virus?

_____ High
_____ Medium
_____ Low
_____ None
_____ Refused
_____ Don't know

18. What are your chances of getting the AIDS virus?

_____ High
_____ Medium
_____ Low
_____ None
_____ Refused
_____ Don't know

19. Here are methods some people use to prevent getting the AIDS virus through sexual activity. How effective is--

a. Using a diaphragm?

_____ Very effective
_____ Somewhat effective
_____ Not at all effective
_____ Don't know how effective
_____ Don't know method

b. Using a condom?

_____ Very effective
_____ Somewhat effective
_____ Not at all effective
_____ Don't know how effective
_____ Don't know method

c. Using a spermicidal jelly, foam, or cream?

_____ Very effective
_____ Somewhat effective
_____ Not at all effective
_____ Don't know how effective
_____ Don't know method

d. Being celibate, that is, not having sex at all?

_____ Very effective
_____ Somewhat effective
_____ Not at all effective
_____ Don't know how effective
_____ Don't know method

e. Two people who do not have the AIDS virus having a completely monogamous relationship, that is, having sex only with each other?

_____ Very effective
_____ Somewhat effective
_____ Not at all effective
_____ Don't know how effective
_____ Don't know method

20. Have you ever discussed AIDS with a friend or relative?

_____ Yes
_____ No
_____ Don't know

21. When was the last time you discussed AIDS with a friend or relative?

_____ 0-3 days ago
_____ 4-7 days ago
_____ 8-14 days ago
_____ 15-31 days ago
_____ More than 31 days ago
_____ Never discussed (no/don't know to q. 20)
_____ Don't know

22. Have you ever discussed AIDS with any of your children age 10-17?

_____ Yes
_____ No
_____ Don't know
_____ No children 10-17 years of age

23. Have your children had any instruction at school about AIDS?

_____ Yes
_____ No
_____ Don't know
_____ No children 10-17 years of age

24. Have you ever personally known anyone with the AIDS virus?

_____ Yes
_____ No
_____ Don't know

25. The U.S. Public Health Service has said that AIDS Is one of the major health problems in the country but exactly how many people it affects is not known. The Surgeon General has proposed that a study be conducted and blood samples be taken to help find out how widespread the problem is. If you were selected in this national sample of people to have their blood tested with assurances of privacy of test results, would you have the test?

_____ Yes
_____ No
_____ Other
_____ Don't know

26. Would you want to know the results of the blood test?

_____ Yes
_____ No
_____ Don't know

To request a copy of this article for class discussion write:

*Advancedata. "AIDS Knowledge and Attitude Survey"
No. 146, November 19, 1987
Vital and Health Statistics of the National Center for Health Statistics
U.S. Department of Health and Human Services
3700 East-West Highway
Hyattsville, Maryland 20783

Call 301/436-8500 to receive a copy or to receive the Advancedata publication on a regular basis.

INFECTION CONTROL GUIDELINES FOR CAREGIVERS WHEN CARING FOR PATIENTS WITH AIDS IN THE HOME *

AIDS is caused by virus called human immunodeficiency virus (HIV). This virus is also known as HTLV-III, LVA, or ARV. Not all persons who are infected with the virus develop AIDS; many remain healthy. HIV has been found in the blood and in many body secretions (semen, saliva, tears, urine, feces) but reports indicate that the virus is primarily spread by exposure to blood. Casual contact does not appear to lead to transmission as evidence by several studies and by the fact that AIDS has not spread to the general public, but rather has been limited to specific high-risk groups.

People caring for persons with AIDS in the home should use precautions designed to prevent blood and other body secretions from entering their body through any body opening including cuts or open areas on the skin. Hand washing before giving direct care protects the patient who is susceptible to infection. Hand washing after care protects the caregiver.

Caregivers should be in good health, free of symptoms of disease such as fever, abscesses, diarrhea, or yeast infections so that they will not be a possible source of infection to the patient.

Some specific precautions to use when giving direct care to someone with AIDS include:

1. Wash your hands. Gloves should be worn to protect hands when there will be excessive amounts of body fluid contact or where breaks in the skin occur.

2. Gloves are not necessary for handling patient clothing and other articles that are not soiled, or to touch the patient's intact skin (such as during backrubs).

3. Wear gloves when handling any secretions or excretions, especially blood. Avoid direct hand contact with blood.

4. Caregivers should wear a gown, lab coat or smock whenever their clothing is likely to come in contact with secretions or excretions.

5. Keep your hands away from your mouth and face while working. Wash hands before eating.

6. Always wash hands after completing care to the person with AIDS. Use lotion to replace natural oils and prevent dryness of the hands from frequent hand washing. Dry, chapped hands lead to open areas through which microorganisms may enter and result in minor skin infections which could be transmitted to the patient.

7. Dishes used by persons with AIDS may be used by other persons after they have been washed in hot, soapy water. A dishwasher is preferred, but water that is hot enough to require the use of gloves is sufficient. A disinfectant is not necessary.

8. Soiled dressings, tissues, gloves, bandaids and similar items should be disposed of in a plastic bag. Close and secure tightly for disposal with household trash.

9. Bedpans and urinals should be handled in a sanitary manner. Excrement may be disposed of down the commode without special treatment.

10. Diarrhea and vomitus should be cleaned up immediately. Gloves should be worn. Clean the patient and linens, rinse the soiled surfaces with soapy water. Place grossly soiled linens in a plastic bag until ready to launder.

11. Soiled linens and towels should be washed in a washing machine with a hot water cycle and detergent. Dry on high in a dryer.

12. People who do not have AIDS may share the same bathroom as someone with AIDS. As in any living situation, good sanitary practices (regular cleaning of the bathroom, immediate cleaning of excrement spills on toilet seat, etc.) make it safe for everyone. Washing hands after use of the facilities is protective to others. Physical cleaning of surfaces visibly soiled with blood, fecal material, or other body secretions removes soil and disease causing organisms. A good bathroom and kitchen disinfectant for soiled surfaces is household bleach (5.25%) diluted 1:10 to 1:100 with water depending on the amount of organic material (eg 1:10 for heavily soiled surfaces and 1:100 for relatively clean surfaces). Bleach is also particularly useful on the shower floor to control the fungus of athletes foot.

There is no evidence that AIDS is transmitted through the air. A person with AIDS who has an active cough, however, may harbor other microorganisms which could be spread by the airborne route, such as tuberculosis. Other respiratory diseases associated with AIDS generally are only of importance to persons who are immunosuppressed. Instruct the person with AIDS to cough or sneeze into a tissue held close to his mouth. Persons with AIDS are normally under the care of a physician and should be instructed to see their physician if they develop a persistent cough.

* **Developed by Infection Control Program**
UNC-School of Medicine, 1988

INFECTION CONTROL GUIDELINES FOR FAMILY MEMBER OF PERSONS WITH AIDS *

Persons with diagnosed AIDS can safely live at home with family or other members of the community. Certain commonsense hygienic measures protect both the person with AIDS as well as household members.

For the person with AIDS:

1. Studies show that casual social contact does not allow for transmission of the AIDS virus. There is no reason why persons with AIDS cannot continue the usual casual social contacts they have had in the past.

2. Care should be taken not to share body secretions, particularly blood or semen. Body secretions are shared when these secretions enter another person's body. This may happen when family members have direct contact with blood or bloody secretions, or during sexual activity. Preventing the transfer of body secretions while maintaining new sexual intimacy requires foresight and common sense. Counseling for those who wish to remain sexually active is available through the AIDS support service groups listed below or by contacting the Communicable Disease or Sexually Transmitted Disease personnel at the local health department.

3. Maintaining a state of personal cleanliness is helpful to both the person with AIDS and others. This includes bathing regularly, washing hands after the use of the bathroom facilities and after direct contact with one's own body fluids such as semen, blood or urine.

4. Persons with AIDS may safely prepare foods for others. They must wash their hands prior to food preparation and should refrain from such practices as tasting from the spoon, licking their fingers, etc.

5. Pets may pose an infectious hazard to the person with AIDS. If there are pets in the household, gloves should be worn when cleaning bird cages or emptying cat litter boxes. Tropical fish may provide a particular infectious disease hazard; therefore, the tank should be cleaned by someone other than the person with AIDS.

6. Persons with AIDS frequently develop other respiratory infections which may be harmful to others. The person with AIDS should always cough or sneeze into tissues held close to his mouth. A persistent cough should be evaluated by a physician.

Care of household and daily care items:

1. Kitchen and bathroom facilities may be shared between the person with AIDS and other members of the household. Surfaces should be cleaned regularly. Household bleach (5.25%) diluted 1:10 to 1:100 is a good surface disinfectant and is especially necessary when surfaces have

been soiled with blood or body fluids. The dilution of household bleach is dependent on the amount of organic material on the surface (eg. 1:10 (1 part bleach to 9 parts water) for heavily soiled surfaces, and 1:100 (1 part bleach to 99 parts water) for relatively clean surfaces.) This solution is also particularly useful on the shower floor to control the fungus of athlete's foot or in any other places where molds may be common. The surface area soiled with blood or body fluids should be flooded with the bleach solution and wiped with a paper towel. Reapply the bleach solution and wipe dry with a paper towel.

2. Refrigerators should be cleaned regularly with soapy water. Bleach is not necessary. Foods should not be allowed to remain in the refrigerator uneaten for extended periods of time.

3. The same dishes and silverware may be used by all members of the household provided that they are washed between uses in hot, soapy water. A dishwasher is preferred, but hot water that required the use of gloves is sufficient. A disinfectant is not needed.

4. Toothbrushes, razors, enema equipment, sex toys or other items that are not easily cleaned and may contain blood or body secretions should not be shared between the person with AIDS and other household members.

5. Towels, wash cloths and other linens used by a person with AIDS should be thoroughly laundered in the washing machine with a hot water cycle and detergent. Dry on high in a dryer. After laundering, they may be used by any household member.

6. Soiled dressings, tissues, gloves, band-aids and similar items should be disposed of in a plastic bag. Close and secure tightly for disposal with household trash.

7. Bedpans and urinals should be handled in a sanitary manner. Excrement may be disposed of down the commode without special treatment.

8. Diarrhea and vomitus should be cleaned up immediately. Gloves should be worn. Clean the patient and linens, rinse the soiled surfaces with soapy water. Place grossly soiled linens in a plastic bag until ready to launder.

Persons with AIDS may safely live with the family by observing these common sense hygienic practices. Additionally, persons with AIDS may live with each other following these same guidelines. The opportunistic infections acquired by persons with AIDS are usually caused by microorganisms found in the environment. The risk is of becoming sick from impairment, not casual household contact.

* UNC-School of Medicine, 1988

The "Summary of New Communicable Disease Law and Regulations for Health Care Providers" can be disseminated to nurses, physicians, teachers, health educators, and health care providers for information in implementing these new laws and regulations.

SUMMARY OF NEW COMMUNICABLE DISEASE LAW AND REGULATIONS FOR HEALTH CARE PROVIDERS

A new communicable disease law and rules went into effect on February 1, 1988. This summary is provided to assist physicians in implementation of the new requirements. Physicians are required to report certain diseases and symptomatic conditions and to instruct patients and exposed persons for whom control measures are required as to what they must do to limit transmission. Control measures (except for AIDS and HIV infection which are outlined below) are contained in *Control of Communicable Diseases in Man* published by the American Public Health Association. Physicians may request the local health director to provide these instructions if they prefer.

Confidentiality: Previously confidentiality has been protected by common law rather than explicit law, often leaving health care providers uncertain about what information was protected and in what cases information could be shared. The new law explicitly states that "all information and records, whether publicity or privately maintained, that identify a person who has HIV infection or who may have a reportable communicable disease or communicable condition are strictly confidential." Eleven exceptions are provided, the most important of these to practicing physicians are:

1. Release may be made with consent of the individual named;
2. Release may be made to health care providers providing direct medical care to the patient; and
3. Release may be made when necessary to protect the public health but only as provided in the rules of the commission

Reporting:

Reportable disease and conditions are not to be reported to the local health director where the physician practices rather than where the patient resides.

Reportable requirements for some diseases have been changed to require within 7 days, while 24-hour reporting has been maintained for those that require an immediate public health response. When 24-hour reporting is required, it is to be made by telephone and the physician is required to notify the health department of the control measures that have been given.

Three new diseases and conditions have been added to the list of reportable diseases and conditions: campylobacter (24 hours); carriers of hepatitis B (7 days); and carriers of typhoid fever (7 days).

AIDS AND HIV INFECTION

AIDS continues to be reportable; HIV infection is reportable as of February 1, 1990.* The Health Department only reports the demographic area of the patient, while a private physician must report the demographic area and the name of the patient. The new case definition for AIDS now includes most symptomatic HIV-infected children and adults with HIV encephalopathy, HIV wasting syndrome, presumptively diagnosed pneumocystis, and extrapulmonary TB in HIV-infected persons.

The control measures for HIV-infected individuals (including persons with AIDS) require that they:

1. Not have sexual intercourse unless condoms are used; exercise caution when condoms are used due to a possible condom failure.
2. Never share needles or syringes.
3. Not donate or sell blood, blood products, semen, ova, organs, or tissues.
4. Have a TB skin test.
5. Notify future sexual & needle-sharing partners and partners for the previous one year (unless the time of initial infection is known**).

The North Carolina Department of Environment Health and Natural Resources, Division of Health Services (DEHNR) will provide an aggressive, professional, compassionate, and skilled partner notification and counseling service. HIV-infected persons may arrange appointments with AIDS counselors to enlist assistance in notifying and counseling their partners and/or for advice about how to accomplish notification. Alternatively, HIV-infected persons may send names and locating information for their partners to DEHNR, which will undertake notification and counseling.

Attending physicians of HIV-infected persons (including persons without AIDS) are required to:

1. Give the control measures to the patient.
2. Encourage the patient to complete a DEHNR form*** listing sexual and needle partners and to arrange an appointment with a DHS AIDS counselor or send the form to DEHNR.
3. Advise the patient about how to clean up blood and body fluid about the risk of perinatal transmission and transmission by breast-feeding.
4. If the physician knows the identity of the HIV-infected person's spouse, complete a DEHNR form listing the name of the spouse and locating information and send it to DEHNR; DEHNR will undertake notification and counseling of the spouse; the physician's responsibility to notify exposed and potentially exposed persons is satisfied by fulfilling obligations listed in #1, #2, and #4. Notification of others, except as noted below, is a violation of confidentiality provisions.

Testing: Physicians who test persons for HIV-infected must notify tested persons of the results (whether positive or negative) and counsel them appropriately. (For local health departments appropriate counseling is

defined as individual pre- and post-test counseling, with risk assessment, risk-reduction guidelines, test result interpretation, and, when the person tested is determined to be infected, the control measures.)

Beginning July 1, 1989, tests for HIV infection can be done only on specimens ordered by a physician and only by laboratories certified by the DEHNR. To be certified, lab must:

1. Be certified or licensed by HCFA, CLIA, JCAH, CAP, or AABB.
2. Participate in a periodic proficiency testing program (CAP-AABB) and perform acceptably.
3. Report final results to the ordering physician only after all initially reactive screening (ELISA) tests have been repeated and a confirmatory (Western Blot) test has been done. **Preliminary** results may be reported to the ordering physician after initially reactive tests have been repeated, but before confirmatory testing has been done if the results are clearly marked "preliminary." The results of all screening and confirmatory tests must be clearly reported.

Consent for testing has not been explicitly addressed in the law. Common law applies. This generally requires informed consent when any procedure or test would or could have a significant negative impact on the patient. Legal counsel to DHS advises that routinely obtaining consent prior to testing will avoid potential legal problems.

Special Rules for HIV-infected persons:

1. When an attending physician of an HIV-infected child believes the child may present a significant risk of transmission in school or day care, the physician is **required** to notify the local health director. The local health director will consult with the attending physician and, if concern about transmission remains, the local health director must consult with an interdisciplinary committee including an AIDS expert, the attending physician, appropriate school personnel, and the child's parent or guardian. If an alternate educational setting is needed, the local health director will notify the principal of the school the child will attend and will inform other school personnel directly involved with the student as appropriate. All informed persons are required to be notified that they are bound by the confidentiality law.

2. The attending physician of an HIV-infected person who, in good faith, has reason to suspect that the individual cannot or will not follow control measures and is thereby causing a significant risk for transmission, is **required** to notify the local health director. When the person cannot or will not follow control measures because of mental illness or mental retardation, the local health director is required to consult with the attending physician who made the notification and with the attending mental health physician or appropriate mental health authority to develop an appropriate plan to prevent transmission.

Beginning July 1, 1989, tests for HIV infection can be done only on specimens ordered by a physician and only by laboratories certified by the Department of Human Resources. To be certified, lab must:

1. Be certified or licensed by HCFA, CLIA, JCAH, CAP, or AABB.
2. Participate in a periodic proficiency testing program (CAP-AABB) and perform acceptably.
3. Report final results to the ordering physician only after all initially reactive screening (ELISA) tests have been repeated and a confirmatory (Western Blot) test has been done. **Preliminary** results may be reported to the ordering physician after initially reactive tests have been repeated, but before confirmatory testing has been done if the results are clearly marked "preliminary." The results of all screening and confirmatory tests must be clearly reported.

Consent for testing has not been explicitly addressed in the law. Common law applies. This generally requires informed consent when any procedure or test would or could have a significant negative impact on the patient. Legal counsel to DHS advises that routinely obtaining consent prior to testing will avoid potential legal problems.

Special Rules for HIV-infected persons:

1. When an attending physician of an HIV-infected child believes the child may present a significant risk of transmission in school or day care, the physician is **required** to notify the local health director. The local health director will consult with the attending physician and, if concern about transmission remains, the local health director must consult with an interdisciplinary committee including an AIDS expert, the attending physician, appropriate school personnel, and the child's parent or guardian. If an alternate educational setting is needed, the local health director will notify the principal of the school the child will attend and will inform other school personnel directly involved with the student as appropriate. All informed persons are required to be notified that they are bound by the confidentiality law.

2. The attending physician of an HIV-infected person who, in good faith, has reason to suspect that the individual cannot or will not follow control measures and is thereby causing a significant risk for transmission, is **required** to notify the local health director. When the person cannot or will not follow control measures because of mental illness or mental retardation, the local health director is required to consult with the attending physician who made the notification and with the attending mental health physician or appropriate mental health authority to develop an appropriate plan to prevent transmission.

General AIDS Control Measures:

1. All health care workers (including emergency responders and funeral service personnel) are required to follow blood and body fluid precautions with all patients.

2. Health care workers who have HIV infection and a secondary infection or an open skin lesion which would pose a threat to patients shall not provide direct patient care. The rules require no other restrictions in the work place for HIV-infected persons.

3. When a health care worker or another person has exposure to blood or body fluid that might be infected with HIV and:

   A. The source is known:

      (1) The occupational health care provider or attending physician of the exposed person who has been notified by the exposed person is required to:

         a. Assess the exposure to determine if there is a significant risk transmission that could have occurred in this matter if the source were infected with HIV.
         b. Notify the attending physician of the source person if there is determined to be a significant risk transmission that could have occurred.

      (2) The attending physician of the source person is required to:

         a. Discuss the exposure with the source person.
         b. Assess the risk that the source person is HIV infected.
         c. Request permission from the source for HIV testing if the risk assessment indicated that the source is at high risk for HIV infection and has not already had a positive test for infection.
         d. Report the results of the risk assessment and test (if done) to the occupational health care provider or attending physician of the exposed person.

      (3) The occupational health care provider or attending physician of the exposed person is required to:

         a. Discuss the results of the risk assessment and testing (if done) with the exposed person.
         b. Offer periodic HIV testing for up to one year to the exposed person.
         c. Instruct the exposed person regarding his/her legal obligation to protect the confidentiality of the source person.
         d. Instruct the exposed person: if the occupational health care provider or attending physican believes, based on the risk assessment and testing (if done) of the source, that there is a significant risk that the source is infected. that the source is infected, instruct the exposed person:

1) avoid sexual intercourse unless condoms are used; exercise caution when using condoms because of possible condom failure;
2) never share needles or syringes; and
3) not donate or sell blood, blood products, semen, organs, or tissues.

B. The source is unknown:

The occupational health care provider or attending physician is required to:

(1) assess the risk that HIV infection could have been transmitted in the setting and manner in which the exposure occurred;
(2) if there is determined to be significant risk

a. offer the exposed person periodic testing for HIV infection for up to one year;
b. instruct the exposed person to:

1) avoid sexual intercourse unless condoms are used; exercise caution when using condoms because of possible condom failure;
2) never share needles or syringes;
3) not donate or sell blood, blood products, ova, semen, organs, or tissues.

4. All instruments used to puncture human skin (in medical and non-medical settings) must be disposed of in a puncture-resistant container and incinerated or disposed of in a sanitary landfill or be sterilized before reuse.

5. Physicians attending persons who die with known HIV infection are required to provide written notification to all persons handling the body to follow blood and body fluid precautions. This also applies to bodies of persons who die with hepatitis B infection, rabies, and Jakob-Creutzfeldt (viral encephalopathy.) The notification must be presented before the body is removed from any medical facility. If the patient dies at home or in some other non-medical setting, the attending physician is required to notify funeral service personnel by telephone (as soon as the physician becomes aware of the death) to follow blood and body fluids precautions.

*The Commission took this action to preserve the option of anonymous testing. Several studies show that many persons at high risk for HIV infection will not present for testing and counseling unless anonymous testing is offered. Since anonymous testing provides a significant opportunity to provide one-on-one risk reduction counseling to persons at high risk, it seems prudent to maintain this option at the present time. Reporting of AIDS combined with carefully designed seroprevalence studies allows clear understanding and monitoring of the HIV epidemic.

**Persons with positive HIV antibody test may have been infected for 6 weeks or for years. Experience with partner notification for late latent syphilis indicates that it is seldom possible to locate partners of more than one year previous.

*** Forms are available at local health departments.

REPORTABLE DISEASES AND CONDITIONS

Acquired immune deficiency syndrome (AIDS) - 7 days
Amebiasis - 7 days
Anthrax - 24 hours
Blastomycosis - 7 days
Botulism - 24
Brucellosis - 7 days
Campylobacter infection - 24 hours
Chancroid - 24 hours
Chlamydial infection (Laboratory confirmed) - 7 days
Cholera - 24 hours
Dengue - 7 days
Diphtheria - 24 hours
Encephalitis - 7 days
Foodborne disease, including but not limited to Clostridium perfingens, staphylococcal, and Bacillus cereus - 24 hours
Gonorrhea - 24 hours
Granuloma inguinale - 24 hours
Hemophilus influenzae, invasive disease - 24 hours
Hepatitis A - 24 hours
Hepatitis B - 24 hours
Hepatitis B carriage - 7 days
Hepatitis non-A, non-B - 7 days
Legionellosis - 7 days
Leprosy - 7 days
Leptospirosis - 7 days
Lyme disease - 7 days
Lymphogranuloma venereum - 7 days
Malaria - 7 days
Measles (rubeola) - 24 hours
Meningitis, pneumocoeal - 24 hours
Meningitis, viral (aseptic) - 7 days
Meningococcal disease - 24 hours
Mucocutaneous lymph node syndrome (Kawasaki syndrome) - 7 days
Mumps - 7 days
Nongonococcal urethritis - 7 days
Plague - 24 hours
Paralytic poliomyeliti - 24 hours
Psittacosis - 7 days
Q fever - 7 days
Rabies, human - 24 hours
Reye's syndrome - 7 days

Rocky Mountain spotted fever - 7 days
Rubella - 24 hours
Rubella congenital syndrome - 7 days
Salmonellosis - 24 hours
Shigellosis - 24 hours
Syphilis - 24 hours
Tetanus - 7 days
Toxic shock syndrome - 7 days
Trichinosis - 7 days
Tuberculosis - 24 hours
Tularemia - 24 hours
Typhoid - 24 hours
Typhoid carriage (Salmonella typhi) - 7 days
Typhus, epidemic (louse-borne) - 7 days
Whooping cough - 24 hours
Yellow fever - 7 days

Published January 1991
N.C. Department of Community Colleges
Robert W. Scott, System President
312 copies were printed at a cost of $561.54 or $1.80 per copy

AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER